



SHIFT

YOUR PERSPECTIVE

Trauma-Informed Care

Trauma-Informed Care
Empowering. Engaging. Effective.

Elizabeth Hudson, LCSW
Consultant to Wisconsin Department of Health Services
Employed by the University of Wisconsin - Madison

Self Care and Compassion for EVERYONE

- What does it mean to feel safe?
- Stress-relieving strategies
 - Breathe
 - Feel our feet on the floor
 - Count to 10
 - Fidgets
 - Walk / Stretch
 - Chew gum
 - Doodle
 - Put lotion on hands
 - Think of one of your favorite places / people

Psychological Trauma - What is it?

Trauma refers to **extreme stress** (e.g., threat to life, bodily integrity or sanity) that overwhelms a person's ability to cope.

The individual's **subjective experience** determines whether or not an event is traumatic.

Traumatic events result in a **feeling of vulnerability, helplessness and fear.**

Traumatic events often **interfere with relationships and fundamental beliefs** about oneself, others and one's place in the world.

(Giller, 1999; Herman, 1992)

Trauma-Informed Care

What it is:

a philosophy

What it is not:

an intervention to address PTSD

Moving from, 'What's wrong with you'

to

'What's happened to you?'

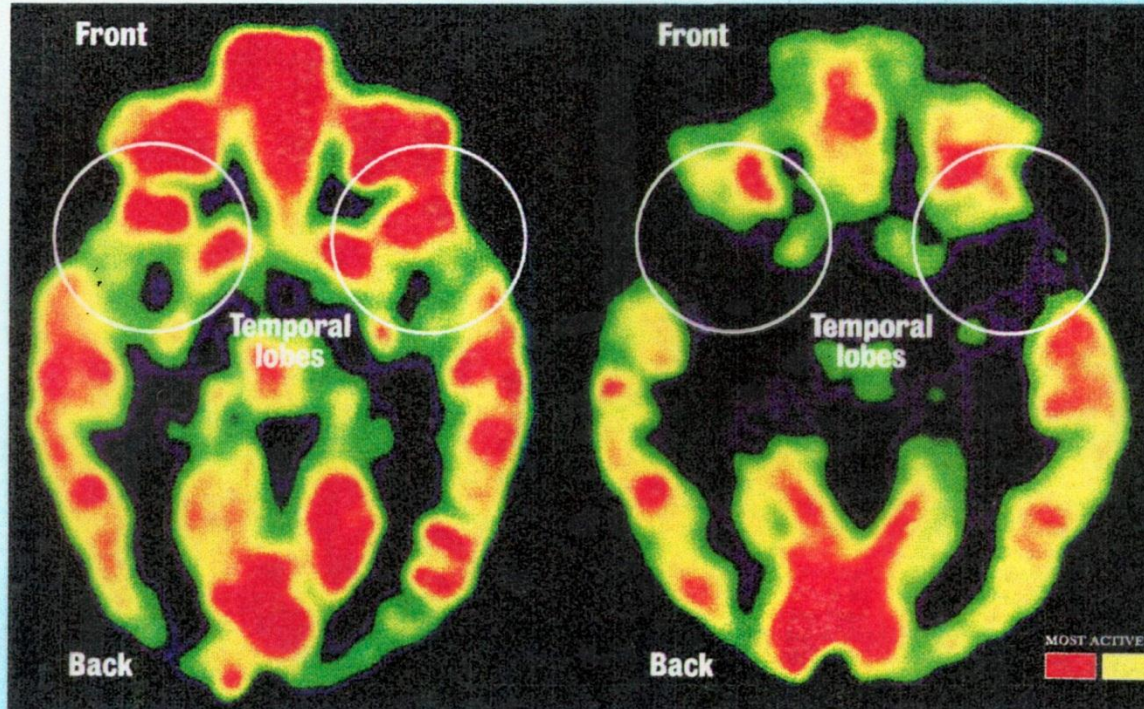
Why Trauma? Why Now?

Scientific Understanding

&

Hope

Effect of extreme deprivation



Healthy Child

Neglected Child

Wisconsin's TIC Values



Trauma-Informed *Practice with Transition Age Youth*

- Maximize the young person's safety (physical AND emotional)
- Use a comprehensive trauma assessment; this includes gathering information about the caregiver's trauma history. The assessment should lead to:
 - Better understanding of the impact of trauma on the youth's development and behavior
 - More effective approaches and referrals
- Help young people make meaning of their trauma history and current experiences
- Manage professional and personal stress in order to increase your capacity to maintain healthy relationship with the child and the child's family

Statistics, or “How bad is it, really?”

- **56%** of general adult sample reported at least one traumatic event (Kessler et al., 1995)
- **90%** of mental health clients have been exposed to a traumatic event and most have multiple experiences of trauma (Muesar, 1998)
- **75%** of women and men in substance abuse treatment report abuse and trauma histories (SAMHSA/CSAT, 2000).
- **97%** of homeless women with mental illness experienced severe physical and/or sexual abuse, **87%** experienced this abuse as children and as adults (Goodman, Dutton et al., 1997)

Prevalence of Trauma

92% of incarcerated girls reported sexual, physical or severe emotional abuse in childhood (Acoca & Dedel, 1998)

In 2007, Wisconsin Child Protective Services received a total of **55,895 referrals**; 27,233 were screened-in

Abused children are more likely to...

- Be in special education
- Have below-grade-level achievement test scores
- Have poor work habits
- Fail a grade

(Shonk, et al. 2001)

Mediating or 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, frequency, intrusiveness, stigma
- Interpersonal vs. act of nature
- Intentional vs. accidental

Trauma Continuum

Simple Trauma

- Adult-onset
- Single-incident
- Adequate child development
- No co-morbid psychological disorders

???????????

- Early onset
- Multiple
- Extended
- Highly invasive
- Interpersonal
- Significant amount of stigma
- Vulnerability

Acute or Simple Trauma / PTSD

- **Re-experiencing** - disturbing memories, dreams, reenactment, flashbacks
- **Hyperarousal** - difficulty going to sleep or staying asleep; difficulty paying attention; increased irritability, outbursts of anger or extreme frustration; exaggerated startle response; hypervigilance
- **Avoidance** – freeze; oppositional-defiant behavior; disengaging from the real world (daydreaming, fantasy, spacey); blank stare

Complex Trauma

Result of traumatic experiences that are interpersonal, intentional, prolonged and repeated



Symptoms of Complex Trauma

Re-experiencing

Avoidance/ Numbing

Arousal

PLUS

- **Emotional** : difficulty managing feelings & expressing needs / thoughts; chronic anxiety; low frustration tolerance; fear of intimacy
- **Cognitive**: difficulty understanding what is being said; doing things in logical sequence; maintaining focus
- **Social**: difficulties accurately assessing social cues, connecting with others, seeking attention in appropriate ways & appreciating how behavior impacts others
- **Handling transition and change**: impulsive; difficulty adapting to change, handling unpredictability, ambiguity & novelty
- **Interference with developmental momentum**: social withdrawal, decreased range of affect, regression in development, decrease in play & enjoyment

Impact on Relationships

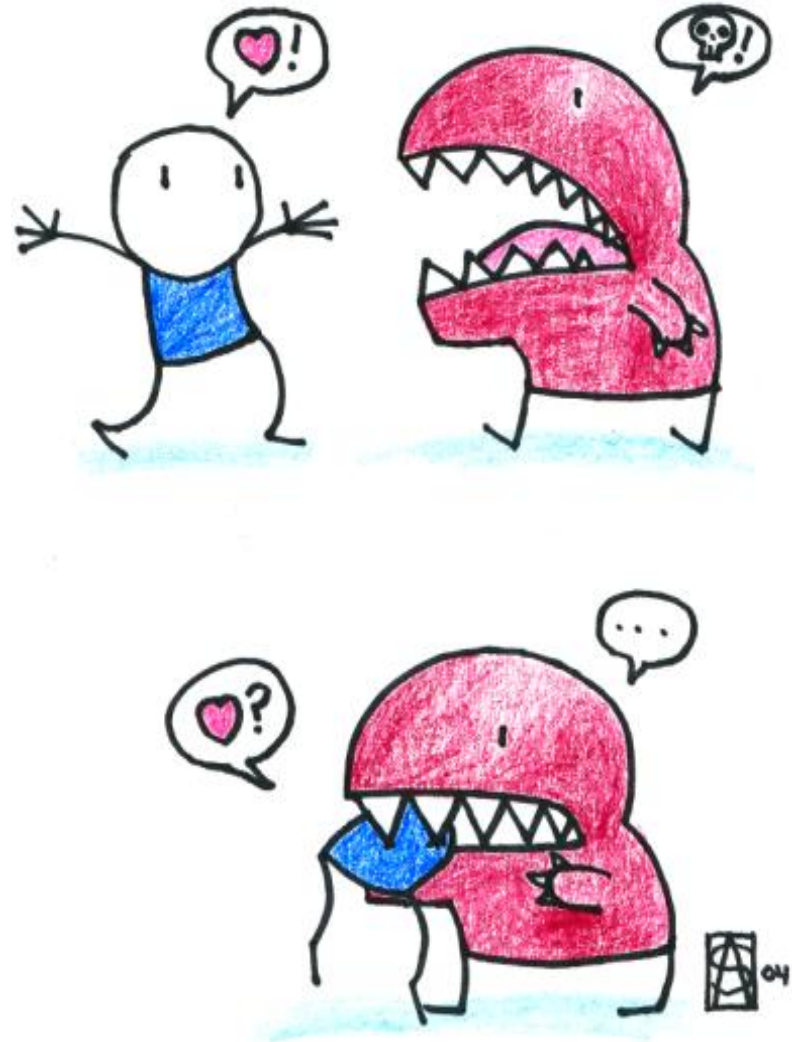
Relationships are developed through the emotional bond between the child & caregiver. It is through this relationship we learn to:

- Regulate emotions/“self soothe”
- Develop trust in others
- Freely explore our environment
- Understand ourselves & others
- Understand that we can impact the world around us

Sanctuary Trauma

The overt and covert traumatic events that occur in 'trusted' institutions:

- medical, mental health & substance abuse services
- corrections
- foster care
- schools
- places of worship

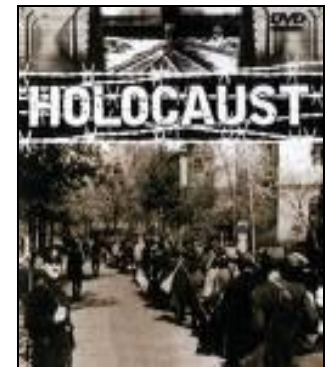


Historical Trauma

Cumulative emotional and psychological wounding resulting from trauma experienced by a social group

Generates survivor guilt, depression, low self-esteem, psychic numbing, anger, and physical symptoms

(Brave Heart, 2005)



Epigenetics

Scientists are discovering how stress experienced early in life can cause long-standing and generational changes in physiology and behavior.



Vicarious or Secondary Trauma

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



Adverse Childhood Experience (ACE) Study

<http://www.cestudy.org/>

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

'ACE'

Abuse

- Psychological (by parents)
- Physical (by parents)
- Sexual (anyone)
- Physical neglect
- Emotional neglect

Household with:

- Substance abuse
- Mental illness
- Separation/divorce
- Domestic violence
- Imprisoned household member

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%

Correlating Effects

Compared to persons with ACE score of 0, those with ACE score of 4 or more were:

- 2x more likely to be smokers
- 2x more likely to be alcoholic
- 10x more likely to have injected street drugs
- 12x more likely to have attempted suicide

As ACEs ↑, problems ↑:

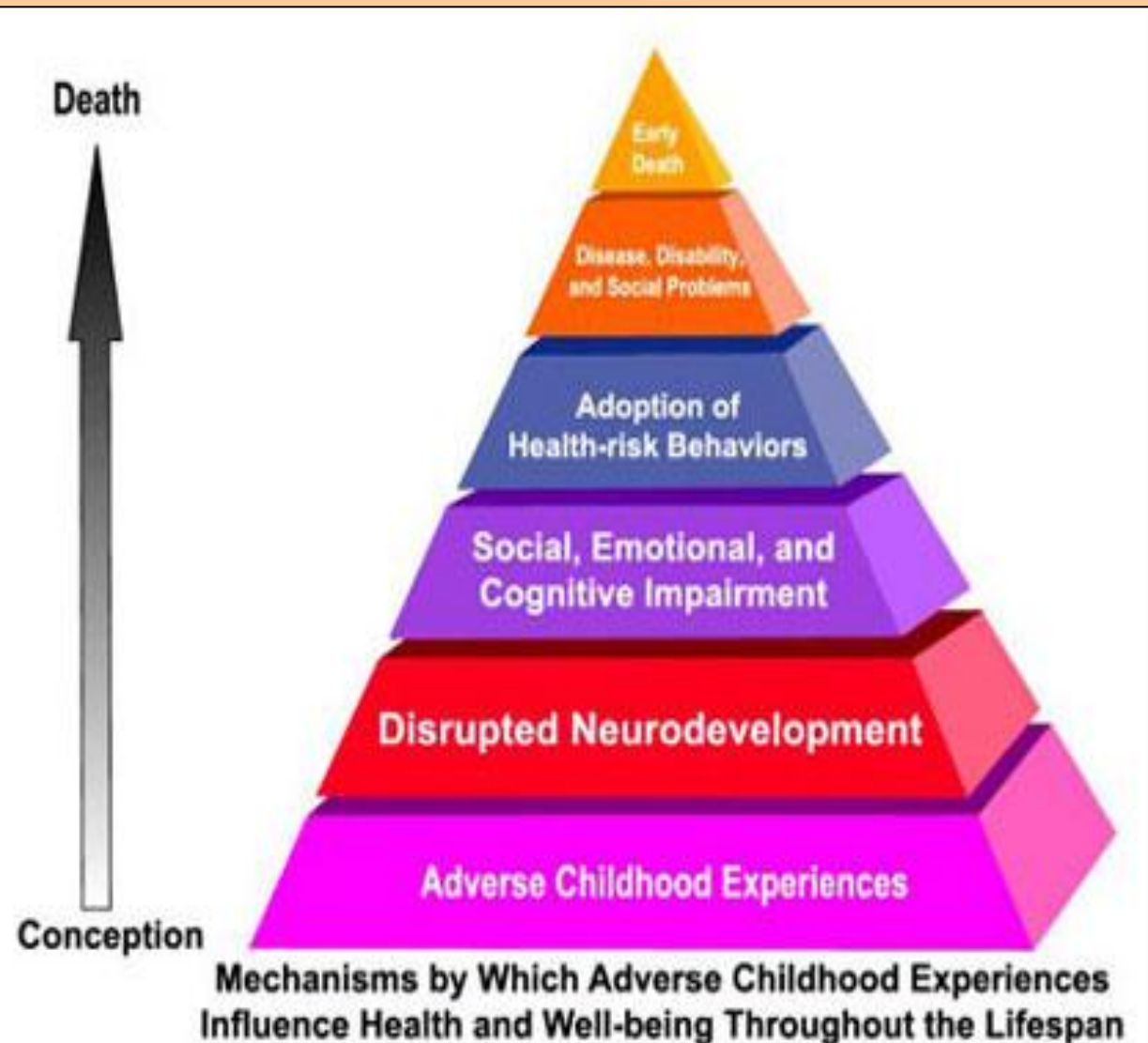
- alcoholism and alcohol abuse
- illicit drug use
- risk for intimate partner violence
- eating disorders
- multiple sexual partners
- smoking
- suicide attempts

- chronic obstructive pulmonary disease (COPD)
- depression
- ischemic heart disease (IHD)
- liver disease
- sexually transmitted diseases (STDs)
- obesity
- health-related quality of life

Impact of Trauma Over the Life Span

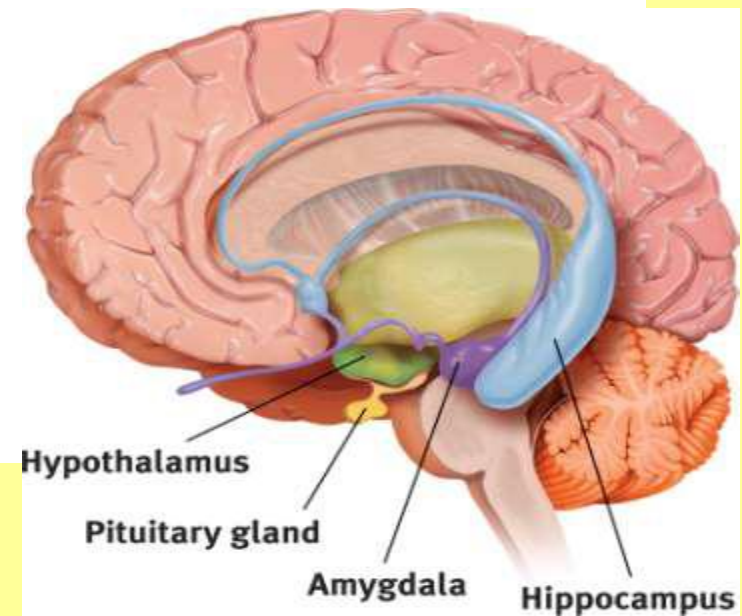
Effects of childhood adverse experiences:

- neurological
- biological
- psychological
- social



Brain Development is Sequential

- Each stage depends on the previous stage
- Trauma impacts each level of development and the ability to move to the next stage.
- In times of stress, we regress



'Disrupted Neurodevelopment'

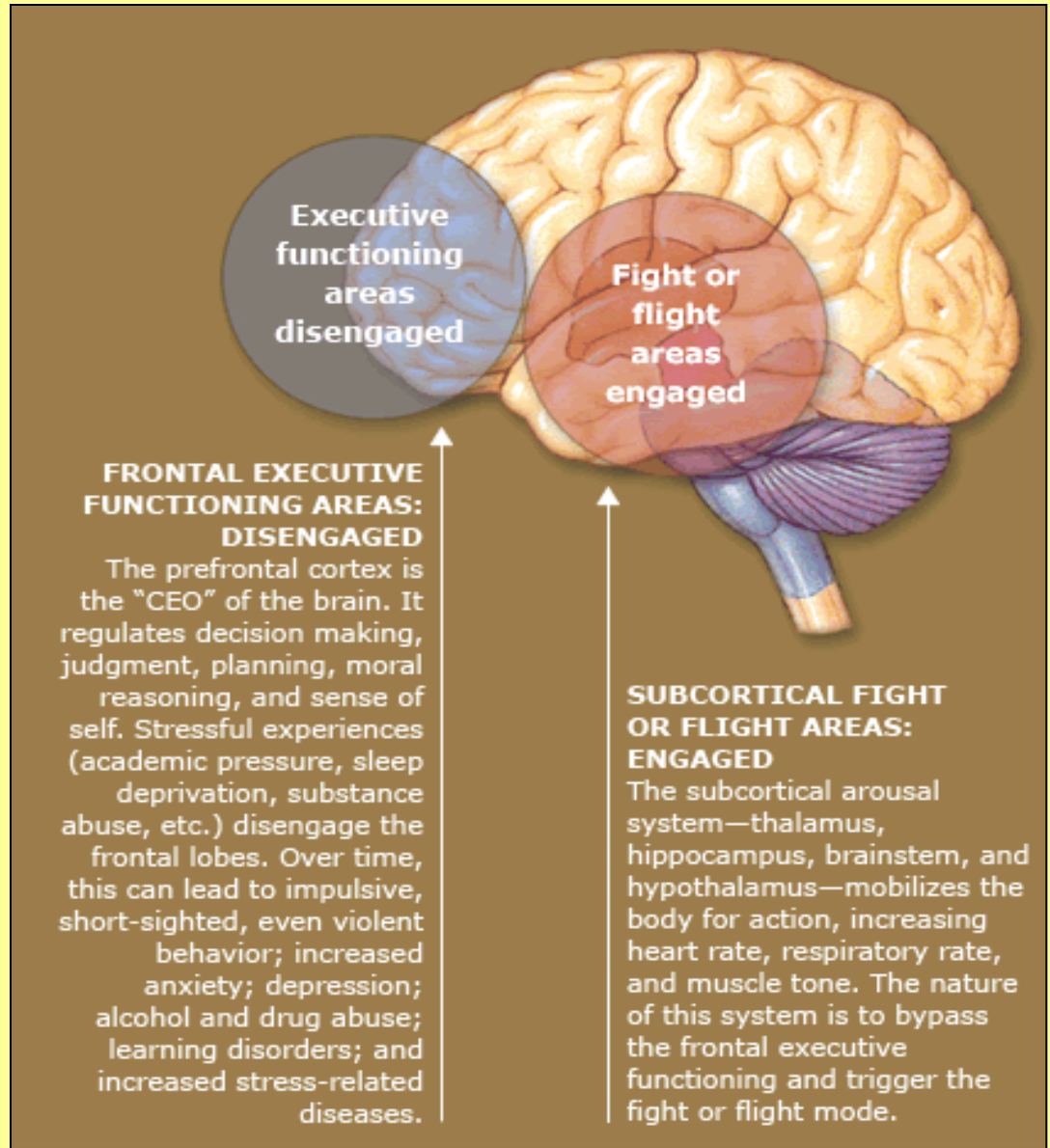
- Fight: resist
- Flight: run away
- Freeze: stiff immobility
- Submission: limp immobility



Stress Response and the Brain

If there is danger the 'thinking brain' goes off line, allowing the doing brain to act.

Traumatized children experience changes in brain structures, neuro-chemistry & genetic expression



Traumatic Event

**Prolonged
Alarm
Reaction**

**Altered
Neural
Systems**

Common Triggers

- Reminders of past events (e.g., smells, sounds, touch, time of day/year, etc.)
- Lack of power/control
- Separation or loss
- Transitions and routine/schedule disruption
- Feelings of vulnerability and rejection
- Feeling threatened or attacked
- Sensory overload (e.g., crowded spaces, loud sounds, etc.)

Trauma and the Brain

- In **school-age children**, trauma undermines the development of brain regions that would normally help children:
 - Manage fears, anxieties and aggression
 - Sustain attention for learning and problem-solving
 - Control impulses and manage physical responses to danger

Understanding Behaviors

Explanation vs. Excuse

- Anger / defiance
- Violence towards others
- Truancy
- Criminal acts
- Perfectionism



- Withdrawal
- Substance use
- Eating Disorders
- Violence to self
- Spacing out



Impact on Worldview

Typical Development vs. Developmental Trauma

- Nurturing & stable attachments
 - Belief in a predictable & benevolent world/ generally good things will happen to me
 - Feeling of positive self-worth
 - Optimism about the future
 - Feeling that I can have a positive impact on the world
- Basic mistrust of others
 - Belief that the world is an unsafe place/bad things will happen & they are usually my fault
 - Assumption that others will not like me
 - Fear & pessimism about future
 - Feelings of hopelessness & lack of control

‘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, MD *Author of Creating Sanctuary*

- Dissociative Disorder
- Somatoform Disorder
- Anxiety Disorder
- Major Depression
- Borderline Personality Disorder
- Substance Abuse Disorder
- Post Traumatic Stress Disorder
- Attention Deficit Hyperactivity Disorder
- Conduct Disorder
- Bipolar Disorder
- Attachment Disorder

What does it look like?

Traditional

Key Question: 'What's wrong with you?'

- Decreasing symptoms viewed as success
- Rules, directives, and use of token systems as primary approaches to maintaining order
- Therapy sessions and specific interventions are viewed as the primary method of treatment

Trauma- Informed

Key Question: 'What has happened to you?'

- Symptoms are adaptations to trauma. 'Problem behavior' viewed as coping strategy
- Wellness plans, stress reduction, sensory regulation, peer support are tools used to maintain healing relationships
- Healing happens in healthy relationships

Trauma 'Clues'

Regulation of Emotion

- Symptoms of anxiety, depression, affect dysregulation, dissociation, somatization, problems with attention / concentration, aggression, reactivity

Regulation of Behavior

- regression, impulsivity, oppositional & defiant, conduct problems, self-harm

Traumatic Stress Reactions

- re-experiencing, avoidance / numbing, arousal

Trauma 'Clues' – cont'd

Attachment Difficulties

Sexualized Behaviors

Suicidality

Serious Eating and/or Sleep Disturbance

Substance Abuse

Trauma Resources

Child Trauma Academy.

<http://www.childtraumaacademy.com/>

National Child Traumatic Stress Network

www.nctsnet.org

National Center for PTSD www.ncptsd.va.gov

National Clearinghouse for Child Abuse and Neglect (NCCAN) www.Nccanch.acf.hhs.gov

Prevent Child Abuse, America

<http://www.preventchildabuse.org/index.shtml>

School and Teaching Resources

Helping Traumatized Children Learn

Massachusetts Advocates for Children 2005

http://www.massadvocates.org/helping_traumatized_children_learn

The Heart of Learning & Teaching Compassion, Resiliency & Academic Success

Wolpow, Ray; Johnson, Mona M.; Hertel, Ron; Kincaid, Susan O. 2009

<http://k12.wa.us/CompassionateSchools/HeartofLearning.aspx>

Creating Sanctuary in Schools 1995

Bloom, Sandra

<http://www.sanctuaryweb.com/Documents/Sanctuary%20in%20the%20School.pdf>

Child Trauma Toolkit for Educators

National Child Traumatic Stress Network

http://www.nctsn.net/assets/pdfs/Child_Trauma_Toolkit_Final.pdf

Credits

- Sandra Bloom, Creating Sanctuary
- Roger Fallot & Maxine Harris, Using Trauma Theory to Design Service Systems
- Charles Figley, Compassion Fatigue
- Esther Giller, Sidran Foundation
- Judith Herman, Trauma and Recovery
- Bruce Perry, <http://www.childtrauma.org/>

Multiple slides were taken from the work of...

- National Center for Trauma Informed Care, <http://mentalhealth.samhsa.gov/nctic/>
- Roger Fallot, Wisconsin TIC presentations
- Vince Fellitti and Rob Anda (ACE study)

Contact Information

Elizabeth Hudson, LCSW

Trauma-Informed Care Consultant

*Consultant to Wisconsin Department
of Health Services Employed by the
University of Wisconsin - Madison*

608-266-2771

Elizabeth.Hudson@wisconsin.gov