

UNDERSTANDING TRAUMA:

When Bad Things Happen To Good People

WHAT IS TRAUMA?

Definition (NASMHPD, 2006):

- The experience of violence and victimization including sexual abuse, physical abuse, severe neglect, loss, domestic violence and/or the witnessing of violence, terrorism or disasters.

DSM IV-TR (APA, 2000)

- Person's response involves intense fear, horror and helplessness
- Extreme stress that overwhelms the person's capacity to cope

WHAT IS TRAUMA-INFORMED CARE?

Behavioral Health Services that incorporates:

- An appreciation for the high prevalence of traumatic experiences in persons who receive mental health services
- A thorough understanding of the profound neurological, biological, psychological and social effects of trauma and violence on the individual. (Jennings, 2004)
- 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)

ADVERSE CHILDHOOD EXPERIENCES (ACE) SURVEY (FELLITI AND ANDA, 1998)

CHILDHOOD ABUSE

Did a parent or other adult in the household...

- Often or very often swear at you, insult you, or put you down?
- Sometimes, often, or very often act in a way that made you afraid that you might be physically hurt?

Did a parent or other adult in the household...

- Often or very often push, grab, slap, or throw something at you?
- Often or very often hit you so hard that you had marks or were injured?

Did an adult or person at least 5 years older ever...

- Touch or fondle you in a sexual way?
- Have you touch their body in a sexual way?
- Attempt oral, anal, or vaginal intercourse with you? Actually have oral, anal, or vaginal intercourse with you?

HOUSEHOLD DYSFUNCTION

Substance Abuse

- Live with anyone who used street drugs?

Mental Illness

- Was a household member depressed or mentally ill?
- Did a household member attempt suicide?

Mother treated violently: Was your mother (or stepmother)...

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

Incarcerated household member

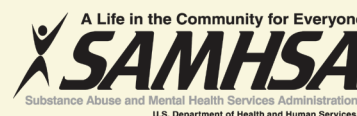
- Did a household member go to prison?

Parental separation or divorce

- Were your parents ever separated or divorced?

WHAT DOES TRAUMA-INFORMED CARE LOOK LIKE?

TRAUMA INFORMED	NOT TRAUMA INFORMED
Recognition of high prevalence of trauma	Lack of education on trauma prevalence & "universal precautions"
Recognition of primary and co-occurring trauma diagnosis	Over-diagnosis of Schizophrenia & Bipolar Disorder, Conduct Disorder & singular addictions.
Assess for traumatic histories & symptoms	Cursory or no trauma assessment
Recognition of culture and practices that are re-traumatizing	"Tradition of Toughness" valued as best care approach
Power/control minimized — constant attention to culture	Keys, security uniforms, staff demeanor, tone of voice
Caregivers/ supporters — focus on collaboration	Rule enforcers — focus on compliance
Address training needs of staff to improve knowledge & sensitivity	"Patient-blaming" as fallback position without training
Staff understand function of behavior as coping adaptations (rage, repetition-compulsion, self-injury)	Behavior seen as intentionally provocative
Objective, neutral language	Labeling language: manipulative, needy, "attention-seeking"
Transparent systems open to outside parties	Closed system — advocates discourage



UNDERSTANDING TRAUMA:

When Bad Things Happen To Good People

WE MUST BE MINDFUL THAT, WE, AS CARE PROVIDERS AND STAFF:

- Often have our own traumatic histories
- Experience vicarious trauma in our work
- Seek to avoid re-experiencing our own emotions
- Respond personally to others' emotional states
- Perceive behavior as personal threat or provocation rather than as re-enactment
- Perceive client's simultaneous need for and fear of closeness as a trigger of our own loss, rejection, and anger.

TRIGGERS OR TRIGGERING EVENTS

Triggers are those external events or circumstances, which, when they occur, predictably produce reactions that are negative and may be very disturbing. Knowing that you are susceptible to feeling uncomfortable emotional reactions to particular events and circumstances is the first step to reduce their power over you.

When we recognize that almost anything could be a trigger to someone, we know we have to ask people what is upsetting to them and what helps them when they are able to identify what those things might be.

POTENTIAL TRIGGERS:

- | | |
|--|--|
| ● Loud or abrupt noises | ● Having to repeat one's story multiple times to multiple people |
| ● Smells | ● Filling out forms |
| ● Tone of voice | ● Removal of or denial of privileges |
| ● Glaring lights | ● Colors |
| ● Waiting for long periods of time to receive services | ● Anniversary dates |
| ● Aggressive behavior | ● Signage |
| ● Impatience | ● Disorder/chaotic environments |
| ● Not being listening to or being heard | ● Lack of choice or options |
| ● Small spaces | ● Not being believed |
| ● Crowds | ● Darkness |

ADDITIONAL RESOURCES

- The Anna Institute – www.theannainstitute.org
- Adverse Childhood Experiences Survey – www.acesurvey.org
- The National Child Traumatic Stress Network – www.nctsn.org
- The National Council for Community Behavioral Healthcare – www.thenationalcouncil.org
- SAMHSA Disaster Technical Assistance Center – www.samhsa.gov/dtac
- The SAMHSA National GAINS Center – www.gainscenter.samhsa.gov
- SAMHSA Promoting Alternatives to Seclusion and Restraint through Trauma-Informed Practices – www.nasmhpd.org

ARE YOU TAKING CARE OF YOURSELF – WELLNESS TOOLS

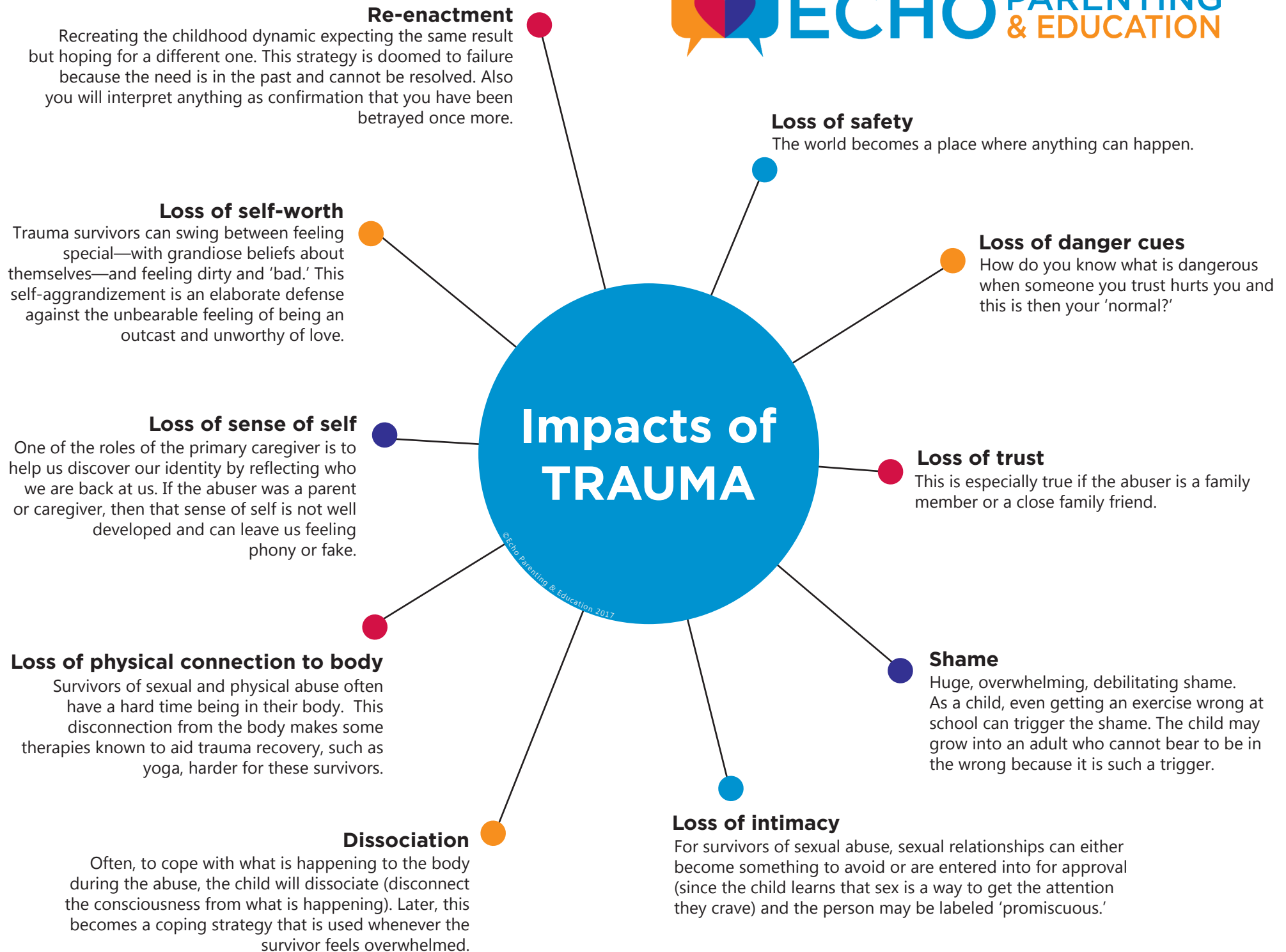
Wellness tools are healthy choices that you can make that are usually simple, safe and free. What makes you feel better? What helps you when you feel stressed?

EXAMPLES OF WELLNESS TOOLS:

- Focused breathing exercises
- Take 5 – walk away
- Meditation
- Prayer
- Yoga
- Music
- Reading
- Talking to a supporter/friend
- Have a good cry or a good laugh
- Gardening
- Go outside or walk in nature
- Exercise
- Hydrate with water
- Prepare a healthy meal or snack
- Journaling
- Hobbies
- Time with family
- Watch a movie
- Volunteer
- Relaxation exercise
- Rest
- Talking with a supporter

Wellness tools are unique to every person and what we know is if we do something that is focused on our wellness, we are less focused on illness.





WHY TRAUMA MATTERS IN PRIMARY CARE



TRAUMA IS COMMON



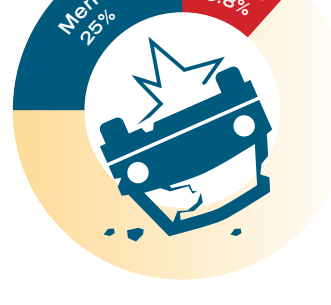
59% of men and women experience at least **one adverse childhood experience (ACE)** in their life and 9% experience five or more ACEs



Witness someone being badly injured or killed



Are involved in a fire, flood or other natural disaster



Experience life-threatening accident/assault



48% of children have experienced at least **one of nine types of adverse experiences**, including physical or emotional abuse or neglect, deprivation, addictions or exposure to violence.

TRAUMA HAS IMPACT

The impact of trauma is very broad and can impact a person across many parts of life: health, behavioral health, family, work, school and more.

SOCIETAL AND ECONOMIC

\$161 Billion: cost of untreated trauma-related alcohol and drug abuse alone in 2000

Children with trauma experiences are **2½ times** more likely to have repeated a grade in school



Children who learn **resiliency skills** mitigate negative effects, often enabling them to engage better in school

BEHAVIORAL HEALTH



90% of people seen in public behavioral health clinics have experienced trauma

43-80% of individuals in psychiatric hospitals have experienced physical or sexual abuse



UP TO 90% of people who receive public mental health care have been exposed to trauma



2/3 adults in addiction treatment experienced child abuse and neglect



70% of teens in addiction treatment have history of trauma exposure

PTSD

Posttraumatic stress disorder affects **2-5%** of people and is one of the most common and least recognized anxiety disorders in primary care. Little is known about PTSD in the primary care setting.

PHYSICAL HEALTH

Children with histories of traumatic experiences are **twice as likely** to have chronic health conditions.



Women with no PTSD symptoms who reported traumatic events had **45% higher rates** of cardiovascular disease.

Almost half are caused by unhealthy behaviors like smoking, obesity, lack of exercise and medical factors such as high blood pressure.

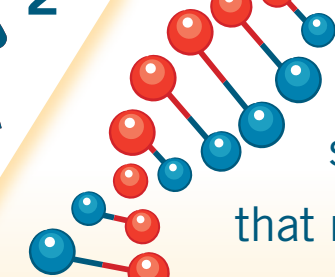


Women with PTSD symptoms have a **two-fold increased risk** for type 2 diabetes.

Women with four or more PTSD symptoms had **60% higher rates** of cardiovascular disease.



DNA in people with PTSD shows increased levels of a gene that made them more vulnerable to multiple types of sicknesses.



Multiple traumatic events during childhood are related to a **10-point difference** in systolic blood pressure.



Learn more about trauma, stress and primary care. Visit www.TheNationalCouncil.org/TIPC.

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PROMISING FUTURES

PROMOTING RESILIENCY

among children and youth experiencing domestic violence

PROTECTIVE FACTORS THAT PROMOTE RESILIENCY

INDIVIDUAL

Temperament

Individual temperament or sense of humor



Understanding

Ability to make sense of their experiences

Relationships

Ability to form relationships with peers



Mastery

Opportunities to experience mastery



Expression

Opportunities to express feelings through words, music, etc.



Conflict Resolution

Development of conflict resolution & relaxation techniques



Culture

Strong cultural identity

FAMILY

Role Models

Adults who role model healthy relationships



Supportive Relationships

Positive child-caregiver relationships

Health

Healthy caregivers



Networks

Relationships with extended family members and others



Stability

Stable living environment

COMMUNITY



Access to Services

Basic needs, advocacy, health

School

Positive school climate and supports

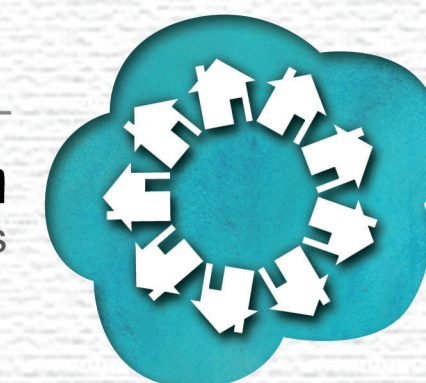


Mentors

Role models & mentors, i.e. coach, faith leader

Neighborhood Cohesion

Safe & connected communities



Get started at www.PromisingFuturesWithoutViolence.org

National Domestic Violence Hotline: 1-800-799-7233 (SAFE)

National Dating Abuse Helpline: 1-866-331-9474 or text "loveis" to 77054

Promising Futures: Best Practices for Serving Children, Youth & Parents is a project of Futures Without Violence

FUTURES
WITHOUT VIOLENCE®

Brutally Honest Optimism

Optimism reduces our sense of helplessness when things feel out of control. It also allows motivates us to take constructive action. However this is not the Pollyanna, unicorns and rainbows, "everything's going to be okay" brand of optimism - it is tempered by the discipline to confront the most brutal facts of our current reality.

Perception of Control Over Events

What makes an experience traumatic is that we were not able to control the circumstances that led to us being harmed in some way. Recovery is about regaining control through primary control (taking action to change a situation) or secondary control (changing our orientation to a situation).

4 Factors Leading to Post-Traumatic Growth

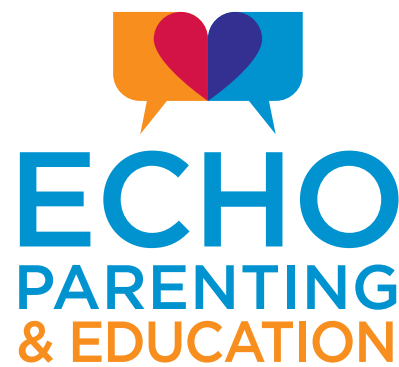
Coping Style

What is your coping style? Do you immediately start problem-solving (active coping) or do you escape into a fantasy world (avoidance coping)? Both approaches can be helpful, but in the long term, avoidance turns into denial, which prevents you from ever truly living in the present because you are so busy stuffing down your past. The best predictor of post-traumatic growth is 'acceptance and positive reinterpretation' - a coping style characterized by optimism and humor.

Strong Sense of Self

Having a strong sense of self depends on having a purpose in life, high self-esteem, and being able to create a coherent narrative. Without being able to make sense of our story, we cannot integrate it, learn from it, or get a distance from it. A coherent narrative prevents us from unconsciously repeating the lack of connection we experienced with our parents in our relationship with our own children.

Post-Traumatic Growth



5 Domains of Post-Traumatic Growth

Personal Strength

- Stronger for the experience
- Better able to handle blows
- More wisdom and maturity

Closer Relationships

- Strengthened social ties - can rely on people
- Help craft trauma narratives that contribute to meaning
- Sense of belonging
- Unity

Greater Appreciation for Life

- Greater gratitude, hope, kindness, leadership, love, spirituality, and teamwork

New Possibilities

- Reprioritize values and time commitments
- Accomplish goals that would have been delayed
- More understanding of friends and family

Spiritual Development

- Readjust spiritual beliefs to encompass trauma, or
- Revise spiritual beliefs altogether

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SELF-CARE WHEEL



This Self-Care Wheel was inspired by and adapted from “Self-Care Assessment Worksheet” from *Transforming the Pain: A Workbook on Vicarious Traumatization* by Saakvitne, Pearlman & Staff of TSI/CAAP (Norton, 1996). Created by Olga Phoenix Project: Healing for Social Change (2013).

Dedicated to all trauma professionals worldwide.

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