


Trauma-Informed Care and the Wounded Healer

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Division of Care and Treatment Services

Recent Headlines

ScienceDaily
Abuse and adversity in childhood linked to more cardiovascular risk in adulthood
DATE: December 18, 2017
ABSTRACT: Children who experience abuse, bullying, neglect or violence increase and often face physical and mental health problems that can persist into adulthood. Childhood experiences in these cases are increasingly being found to be linked to health problems and disability in later stages of life, according to a new scientific statement published in the Association for Public Health.


Full Story

Children and teens who are abused, witness violence, are bullied or face other adversities are more likely to develop cardiovascular diseases in adulthood, according to a new scientific statement by the American Heart Association published in the Association for Public Health.

The statement is based on a review of existing scientific research published in peer-reviewed medical journals that documents a strong association between adverse experiences in childhood and later-life physical and mental health problems. The findings suggest that childhood adversity is a significant risk factor for cardiovascular disease, mental health problems, and other health issues. The research also shows that adverse childhood experiences (ACEs) are linked to a higher risk of chronic diseases, including heart disease, cancer, and diabetes. The research also shows that adverse childhood experiences are linked to a higher risk of mental health problems, including depression and anxiety. The research also shows that adverse childhood experiences are linked to a higher risk of substance use and other health problems. The research also shows that adverse childhood experiences are linked to a higher risk of premature death.

Many ACEs reported in a national survey during childhood.

What Do Asthma, Heart Disease And Cancer Have In Common? Maybe Childhood Trauma
October 21, 2018

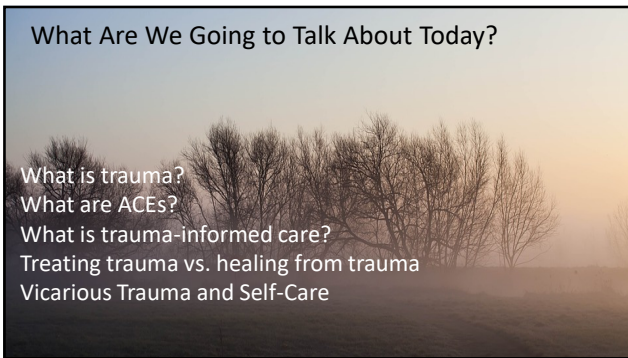


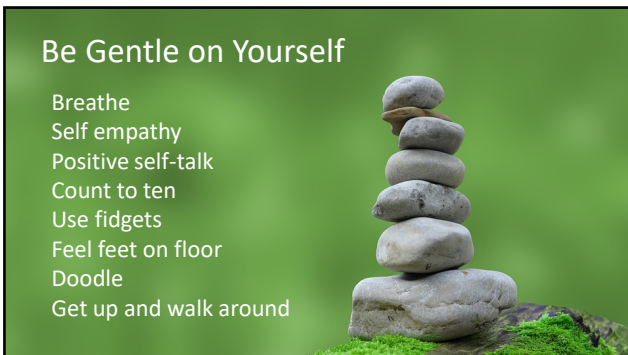
What We Now Know

“Adult diseases can best be understood as the manifestations of distant childhood events.”

Dr. Vincent Felitti
ACE Principle Co-Investigator
August 2010

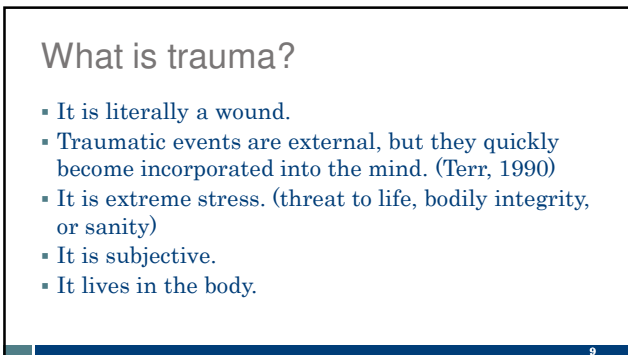












What is trauma?

- It shakes the nervous system into froth.
- It often interferes with relationships.
- It affects the fundamental beliefs about oneself and others.
- It causes one to question their place in the world.
- It's a lot more common than you think.

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Why are so many talking about trauma?

- Disclosure
- Prevalence
- Science
- Services
- Hope

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Father Gregory Boyle



Photo: Homeboy Industries

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The Many Faces of Trauma

- Acute
- Complex
- Historical
- Sanctuary
- Vicarious



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Acute Trauma



Adult onset
Single event
Adequate child
development

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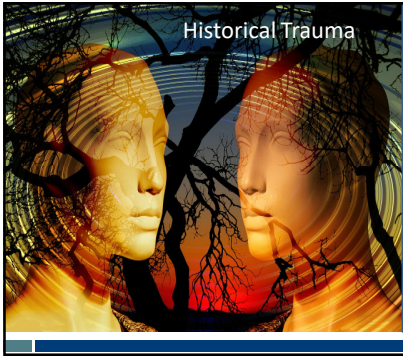
Complex Trauma



Early onset
Multiple events
Not time limited
Highly invasive
Interpersonal
Stigmatizing (shame)

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Historical Trauma



Collective and cumulative emotional and psychological wounding across generations

Creates survivor guilt, depression, low self-esteem, numbing out, and anger

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Wounding in settings socially sanctioned as safe

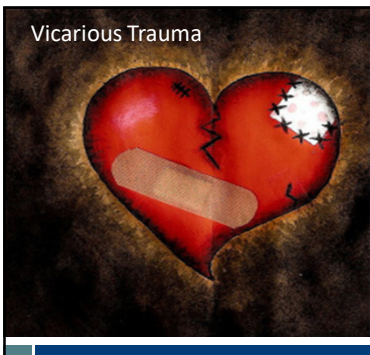
- Medical services
- Mental health services
- SUD services
- Foster care
- Schools
- Places of worship



Sanctuary Trauma

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Vicarious 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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AT LEAST HALF OF ALL ADULTS IN THE U.S. HAVE EXPERIENCED ONE INCIDENT THAT WAS CAUSED BY A MAJOR TRAUMATIZING EVENT

Briere and Scott, 2006)

NINETY PERCENT OF BEHAVIORAL HEALTH CONSUMERS HAVE BEEN EXPOSED TO A TRAUMATIC EVENT; MOST HAVE MULTIPLE EXPOSURES

Mueser, 1998)

Impact of Trauma



Sandy Hook Columbine Cooperative, 2017

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Trauma Impact Varies

- Person
 - ◆ Age or developmental stage
 - ◆ Past experiences
 - ◆ Inherent strengths
 - ◆ Cultural beliefs
- Environment (Support systems)

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Trauma Impact Varies

- Event
- Severity or chronicity
 - Interpersonal versus act of nature
 - Intentional or accidental

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Adverse Childhood Experiences (ACEs)

ACE Study

It was designed to examine the health and social effects of ACEs throughout the lifespan among 17,421 members of the Kaiser Health Plan in San Diego County.



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ACE Study

What do we mean by ACEs?

- Childhood abuse and neglect
- Growing up with domestic violence, substance use disorder, mental illness, parental discord, and/or crime in the home

(Anda, 2013)

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Adverse Childhood Experiences

- Are common
- Can have long-term, damaging consequences
- Can happen in any family
- Have a cumulative effect—the higher the score, the higher the likelihood of health risk behaviors and poor health outcomes
- May be a significant driver of health care spending
- Are NOT destiny



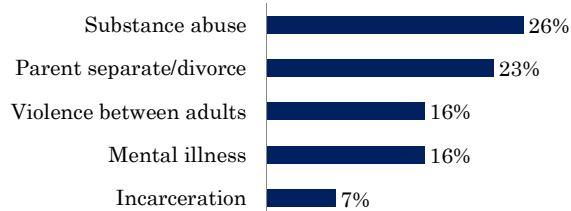
ACE Questionnaire

- | | |
|------------------------------|-------------------------------|
| Abuse | Household with |
| ▪ Psychological (by parents) | ▪ Substance abuse |
| ▪ Physical (by parents) | ▪ Mental illness |
| ▪ Sexual (by anyone) | ▪ Separation or divorce |
| ▪ Physical neglect | ▪ Domestic violence |
| ▪ Emotional neglect | ▪ Imprisoned household member |

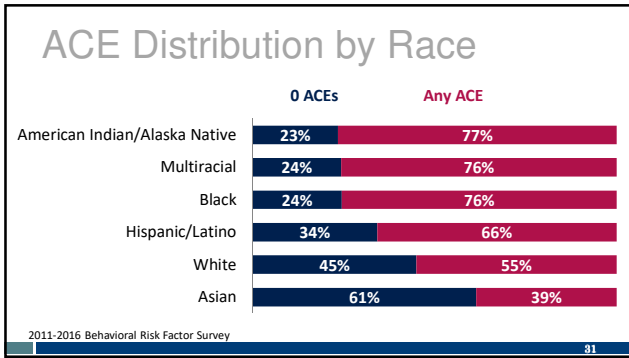
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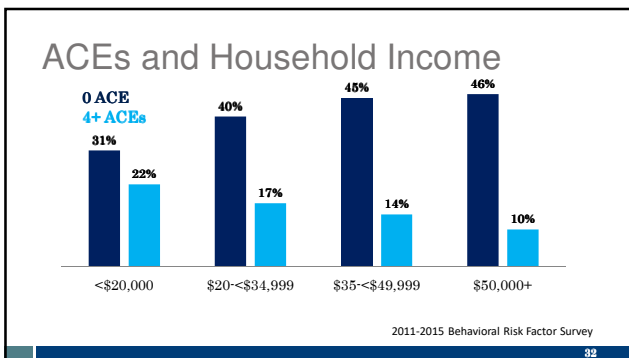


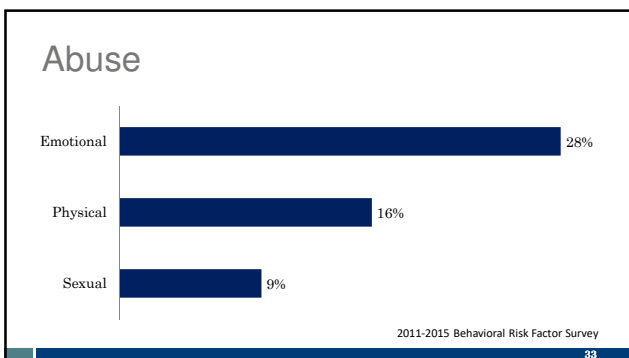
Household Dysfunction

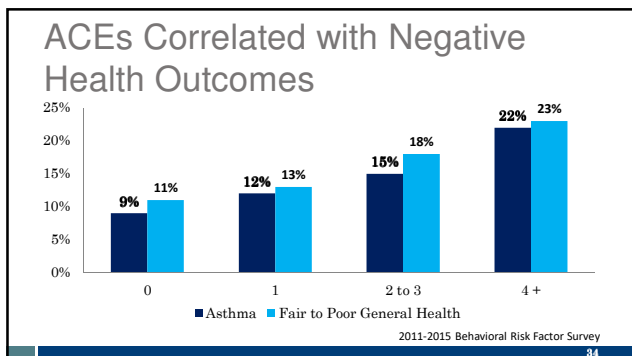


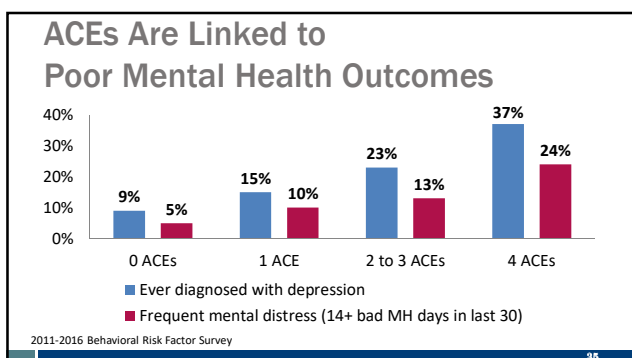
2011-2015 Behavioral Risk Factor Survey
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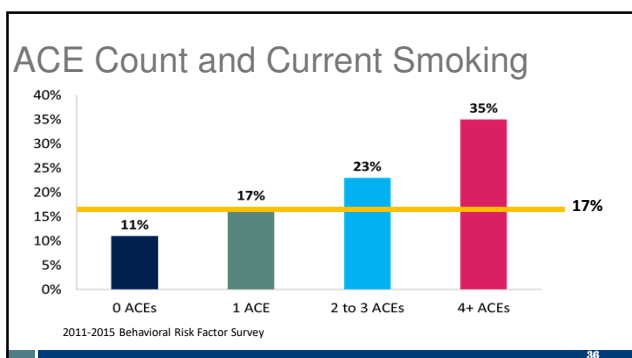


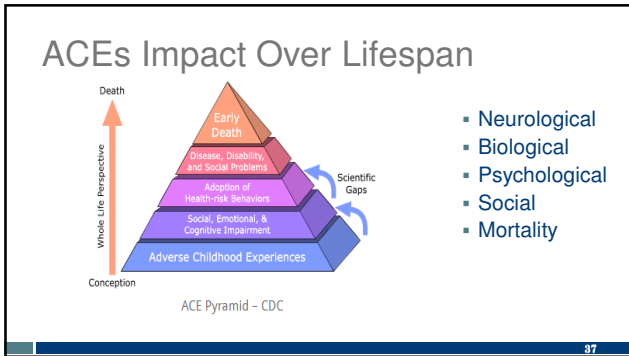


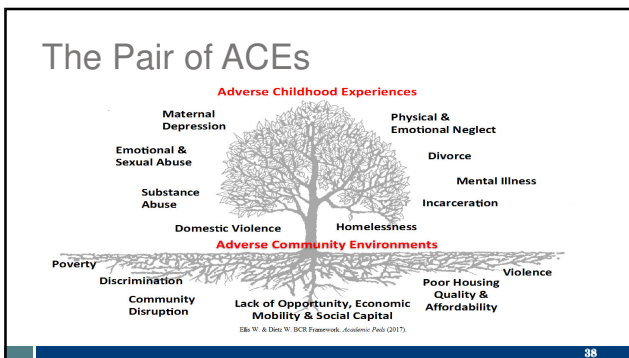












Trauma disrupts neurodevelopment

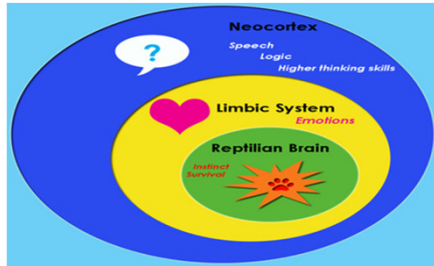
- Person experiences trauma
- Brain and body become overwhelmed; nervous system is unable to return to equilibrium
- Trauma goes untreated; person stays in "stress response" mode
- Cues continue to trigger trauma (e.g. loud noises, smells, textures)
- Person reacts to trauma cues from a state of fear

FIGHT or FLIGHT

VISIBLE EFFECTS

HIDDEN EFFECTS

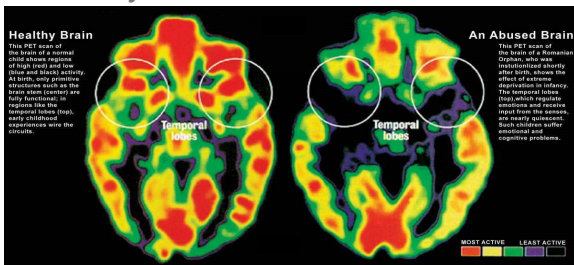
Triune Brain Model



Chun-Hori 2007

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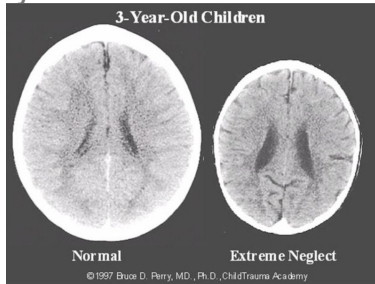
Healthy Brain and Abused Brain



CDC

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Healthy Brain and Abused Brain



©1997 Bruce D. Perry, MD, Ph.D., ChildTrauma Academy

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Reminders or “Triggers”

A trigger can be a person (or approach), place, thing, time, event, date, smell, or texture.

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Reminders or “Triggers”

- Lack of control
- Threats or feeling threatened
- Isolation
- Authority figures
- Being told what to do
- Lack of privacy
- Separation or loss
- Transitions or disruptions in routine
- Being touched or watched
- Loud noises
- Intrusiveness
- Being locked in a room
- Being ignored
- Condescending looks

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Trauma Worldview



- No place is safe.
- Other people are unsafe and can't 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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A Trauma World View Requires a Shift



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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)

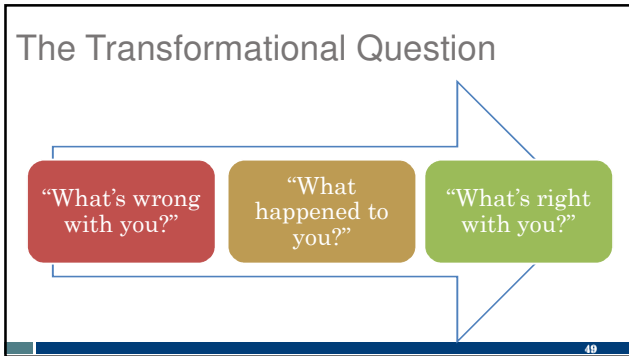
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Over-Arching Concept

Trauma must be seen as the expectation, not the exception, in behavioral health treatment systems (Rosenberg, 2011)

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- ### What is trauma-informed care?
- A principle-based culture change process
 - Acknowledgement of the pervasiveness of trauma
 - It focuses on how trauma may effect an individual’s life and their response to behavioral health services
 - Safety for both participants and providers
 - Atmosphere of trust
 - Compassionate collaboration
 - Strengths-based
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- ### Trauma-Informed Care
- Is not an intervention to address posttraumatic stress disorder
 - Is not a “flavor of the day” approach
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Trauma-Informed Care

- Aims to avoid re-traumatization
- Appreciates many problematic behaviors began as understandable attempts to cope
- Strives to maximize choices for the survivor and control over the healing process
- Seeks to be culturally competent
- Understands each survivor in the context of life experiences and cultural background

(Alvarez and Sloan, 2010)

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Working with People with Traumatic Experiences

- They are not victims.
- The labels we use to describe these people keep them trapped in their story.
- When we label, we judge.
- When we judge, we lose the ability to connect meaningfully with these people.

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Working with People with Traumatic Experiences

They are people who have had a unique opportunity to develop a set of strengths and resiliency factors we need to understand—they need to feel safe enough to share with us.

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Working with People with Traumatic Experiences

- This process starts before they walk in the door: What is your organization’s reputation in the consumer community? (Do you know?)
- Requires us to become aware of **their** awareness.
 - ♦ Is the waiting room calm and welcoming?
 - ♦ Are the support staff friendly and helpful?
 - ♦ What are some perceptual barriers we may not have thought about?

(Michael G. Bricker, MS, CADC-II, LPC, 2018)

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Working with People with Traumatic Experiences

- How are potential clients greeted?
 - ♦ Presence does not mean they’re engaged.
 - ♦ They’re “sizing you up” before you’re even aware of it.
 - ♦ How did you dismiss the client before them?
- We are always asking our clients to examine their values and assumptions: Have we examined ours?

(Michael G. Bricker, MS, CADC-II, LPC, 2018)

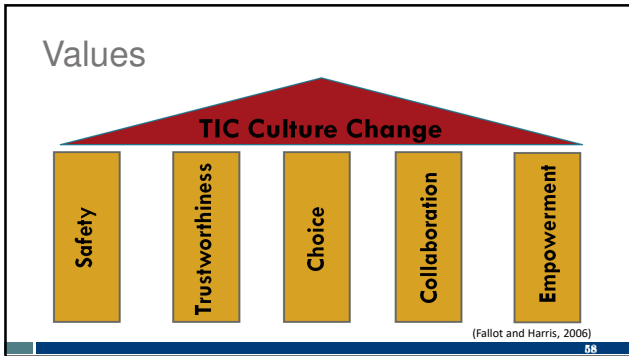
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Working with People with Traumatic Experiences

- Rules are not safe.
- Rules are what other people in power used to hurt me.
- Rules only seem to work for the other guy.
- Many clients see rules as something to be challenged, evaded, or manipulated—part of their life script.

(Michael G. Bricker, MS, CADC-II, LPC, 2018)

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Values Exercise

- Break into five work groups
- Appoint a spokesperson
- Brainstorm what your assigned value should look like, sound like, feel like
- Consider the parallel process
- Also consider what you are already doing that aligns with the value
- Be prepared to share out by making a poster, create a skit or role play

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Two Systems

Traditional	Trauma-Informed
▪ “What’s wrong with you?”	▪ “What happened to you?”
▪ Focus on symptom reduction	▪ Symptoms are adaptations to trauma
▪ Rules, directives, token systems to maintain order	▪ Many tools used to aid in recovery
▪ Therapy seen as primary healing approach	▪ Healing can happen in healthy relationships
	▪ Let the client decide what their path to healing will look like

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Re-traumatization

- A situation, attitude, interaction, or environment the **replicates the events or dynamics of the original trauma** (a trigger)
- Can be obvious, or not
- Usually unintentional
- Always hurtful

01

Responding to People in Need

- Listen (Active listening)
- Validate
- Normalize
- Assist
- Avoid re-traumatization



More on Validation

- “What happened was not your fault”
- “You are not to blame for what happened to you”
- “Thank you for trusting me with such a personal and private experience”
- “You deserve help in dealing with something so difficult. Would you like me to connect you with someone you could talk to about this?”

(Aurora Health Care, 2016)
03

What TIC Looks Like

- During emotional times ask: "How can I support you right now?"
- When the trauma story 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 consumers are working with an overwhelmed nervous system.

04

Value-Based Practice: Safety

- Create a welcoming, calming environment
- Maintain respectful physical and emotional boundaries
- Provide a safe place to talk
- Be open to outside parties, advocacy, and clinical consultants
- Ask about current abuse and address current risks to safety

(Fallot and Harris, 2002)

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Value-Based Practice: Compassionate Communication

- Use person-first language (not diagnosis-first language)
- Empathy before education

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Value-Based Practice: Compassionate Communication

Avoid using de-humanizing language:

- Target populations
- In the trenches
- Take downs
- Borderlines
- Non-compliant
- Attention-seeking

(Aurora Health Care, 2016)

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Resilience

Refers to the capacity of individuals, families, and communities to heal from trauma, and to strengthen their wellbeing and adaptability in ways that can mitigate or prevent future trauma.



Center for Collective Wisdom • c4cw.org

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Resilience Research Results

- Some are born with resilience
- Resilience does not decline with age
- It is a reflection of both protective and risk factors
- It is a skill that can be learned and honed like any other skill, regardless of our histories of adversity, challenges, or trauma (Dr. Mark Seligmann)
- Resiliency trumps ACEs

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Going Beyond “What Happened To You”

Beyond Trauma-Informed Care

TIC doesn't encompass the totality of traumatic experiences.

- It focuses primarily on harm, injury, and trauma.
- It is deficit-based rather than asset-driven.
- The term TIC is important, but incomplete.

(Shawn Ginwright, Ph.D., 2018)

How is TIC incomplete?

- The absence of disease does not constitute health.
- The absence of violence does not constitute peace.
- The reduction of pathology (anxiety, fear, sadness, distrust, triggers) does not constitute well-being (hope, happiness, imagination, aspirations, trust).

(Shawn Ginwright, Ph.D., 2018)

What is the next step beyond TIC?

Need to develop an approach with a broader lens

- ◆ Holistic view of healing
- ◆ Healing-centered approach (rather than trauma-informed)
 - Holistic
 - Culturally sensitive
 - Spiritual
 - Civic action
 - Collective healing
 - Strength-based

(Shawn Ginwright, Ph.D., 2018)

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Bearing Witness to Pain and the Wounded Healer

"What is to give light must endure burning"
-Viktor Frankl



Silent Witness
The effects of our work



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Vicarious Trauma (VT) and Secondary Traumatic Stress (STS)

- Work-related
- Secondary exposure to traumatically stressful events
- Can be sudden and acute

Compassion Fatigue

- Deep physical, emotional and spiritual exhaustion
- Acute emotional pain

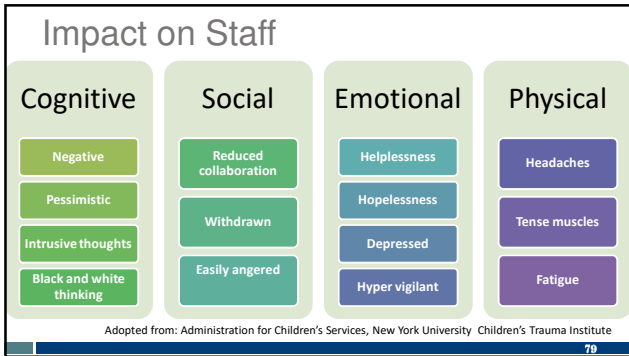
Burnout

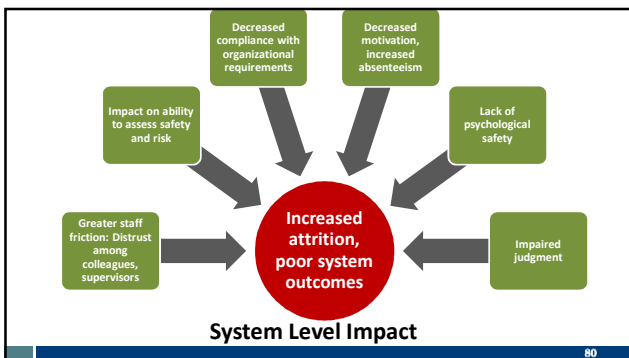
- A syndrome of emotional exhaustion and depersonalization
- A reduced sense of accomplishment
- Loss of empathy
- Associated with feelings of hopelessness

Trauma in Organizations

- Resist change
- Resist new leadership
- Become trauma-organized
 - ◆ Reactivity replaces strategy
 - ◆ Us versus them mentality
 - ◆ Loss of healthy communication (gossip fills the void)
 - ◆ Interpersonal conflicts erupt and aren't dealt with

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Personal Risk Factors for STS

- How worker experiences the client's story
- How the worker interacts with the client
- Imagining the trauma story from the client's perspective
- Thinking about what it was like for the client

(Collins-Camargo, 2012; Conrad, 2012; Figley, 2012; NCTSN, 2011; Pearlman, 2012)

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Personal Risk Factors for STS

- Loss of control over the conversation
- Lack of choice regarding interventions and strategies
- Insufficient time to recover from the trauma exposure
- Firsthand exposure to trauma, personal trauma history

(Collins-Camargo, 2012; Conrad, 2012; Figley, 2012; NCTSN, 2011; Pearlmén, 2012)

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Organizational Risk Factors for STS

- Direct work with traumatized clients and hearing about their traumatic experiences
- Heavy caseloads of traumatized people (especially children)
- Long tenure in the field

(Collins-Camargo, 2012; Conrad, 2012; Figley, 2012; NCTSN, 2011; Pearlmén, 2012)

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Organizational Risk Factors for STS

- Working more than forty hours a week
- Social or organizational isolation
- Inadequate training
- Lack of resources for consumers

(Collins-Camargo, 2012; Conrad, 2012; Figley, 2012; NCTSN, 2011; Pearlmén, 2012)

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Organizational Secondary Trauma

- We have been in training to achieve more with less
- Exhaustion equals a job well done
- Seeking out immediate gratification and stimulation is better than investing in wellness
 - ◆ We seek out immediate gratification in strategies that require the least amount of effort and attention
 - ◆ Only in areas we feel like working on

(Krause, 2017)

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Self-Care

Feel Good Self-Care

- Laughing
- Massage
- Deep breathing
- Drinking more water

Smart Self-Care

- Healthy boundaries
- Being vulnerable
- Toxic relationships
- Reactiveness
- Failure - success

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Self-Care

- Proper nutrition
- Rest
- Exercise
- Avoid drugs and alcohol
- Enjoyable activities
- Setting limits
- Reach out to those you trust
- Journal thoughts and feelings

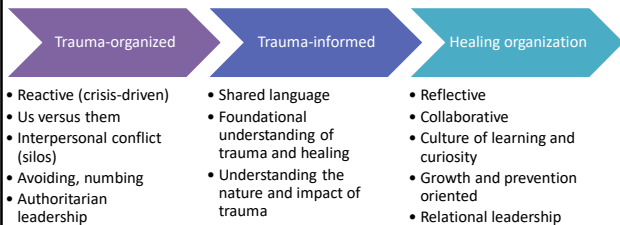


Taking Care of Others

- Acknowledge feelings as normal.
- Avoid saying: "It could be worse."
- Respect need for privacy.
- Listen with nonjudgmental support
- Be available and accessible.
- Try not to take responses like anger personally.

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Trauma Inducing to Trauma Reducing



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Final Thought



“Every life is a piece of art, put together with all means available”

-Pierre Janet

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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://nic.gov/wodp/program/246-trauma-addictions-mental-health-and-recovery-tamar>
- 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>

General Trauma Resources

- ACEs Connection <https://www.acesconnection.com/>
- Fostering Futures Wisconsin <http://www.fosteringfutureswisconsin.org/>
- National ACE Study <http://www.cdc.gov/nccdphp/ACE/> | <http://acestoohigh.com>
- Wisconsin ACE Study <http://wichildrentrustfund.org/files/WisconsinACEs.pdf>
- National Center for Trauma-Informed Care <http://beta.samhsa.gov/ntic>

General Trauma Resources

- National Center for Posttraumatic Stress Disorder
<http://www.ptsd.va.gov/>
- International Society for Traumatic Stress Studies
<http://www.istss.org/>
- Aceresponse (ACEs and Developmental Disabilities)
<http://www.aceresponse.org/>
- The Anna Institute
<http://www.theannainstitute.org/>
- National Association of State Directors of Developmental Disabilities Services
<http://www.nasddds.org/resource-library/behavioral-challenges/mental-health-treatment/trauma-informed-care>

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Other Tools

- SAMHSA TIP 57: <http://store.samhsa.gov/product/TIP-57-Trauma-Informed-Care-in-Behavioral-Health-Services/SMA14-4816>
- Alphabetical list of trauma and PTSD measures:
http://www.ptsd.va.gov/professional/assessment/all_measures.asp
- 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>
- The Vicarious Trauma Toolkit: <https://vtt.ovc.ojp.gov/>

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Books

- Boyle, G. (2010). *Tattoos on the Heart: The Power of Boundless Compassion*. New York: Free Press.
- Burana, L. (2009). *I Love a Man in Uniform: A Memoir of Love, War, and Other Battles*. New York: Weinstein Books.
- Fallot, R., and Harris, M. (2001). *Using Trauma Theory to Design Service Systems*. San Francisco: Jossey-Bass.
- Marich, J. (2012). *Trauma and the Twelve Steps*. Warren: Cornersburg Media.
- Marich, J. (2014). *Trauma Made Simple*. Eau Claire: PESI Publishing & Media.

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- Perry, B. (2007). *The Boy Who Was Raised As A Dog*. New York: Basic Books.
- van der Kolk, B. (2014). *The Body Keeps the Score*. New York: Viking.
- van Dernoot Lipsky, L. (2009). *Trauma Stewardship: An Everyday Guide to Caring for Self While Caring for Others*. San Francisco: Berrett-Koehler Publishers.
- Wilcox, P. (2012). *Trauma-Informed Treatment: The Restorative Approach*. Holyoke: NEARI Press.

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Thank You!

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