The ABCs of Trauma-Informed Care
Trauma-Informed Care

Agenda

• What do we mean by trauma? How does trauma affect people?
• What can we learn from listening to the voices of people who have experienced trauma?
• Why is understanding trauma important in the work we do?
• What can we do to ensure that we help those we serve who have experienced trauma?
• The stresses of our own work and lives may also make trauma a personal concern.
• How understanding trauma and improving our services helps all of us.

Trauma-Informed Care

What is Trauma?

• Trauma refers to intense and overwhelming experiences that involve serious loss, threat or harm to a person’s physical and/or emotional well-being.

• These experiences may occur at any time in a person’s life. They may involve a single traumatic event or may be repeated over many years.

• These trauma experiences often overwhelm the person’s coping resources. This often leads the person to find a way of coping that may work in the short term, but may cause serious harm in the long run.
Examples of Traumatic Life Experiences

• Physical, emotional and/or sexual abuse in childhood or adulthood
• Rape
• Serious medical illness or disease (disabling conditions, loss of function, invasive and distressing procedures)
• In childhood:
  o Neglect or abandonment (food insufficiency, lack of money to meet basic needs, homelessness)
  o Death of a parent
  o Divorce
  o Family life that includes drug addiction, alcoholism, parental incarceration, violence
Examples of Traumatic Life Experiences

• War, combat and civil unrest conditions, including torture, affecting soldiers and refugee civilians

• Catastrophic losses of one’s home, livelihood, people, pets due to flood, tornado, hurricane or other disasters of nature

• Involvement in or witness of horrific events involving violence, gruesome accidents or death/serious injury
How may experiencing trauma in childhood affect a person?

• What is the Adverse Childhood Experiences (ACE) study?
  o Centers for Disease Control & Prevention and Kaiser Permanente (an HMO) collaboration
  o Study over ten years involving 17,000 people
  o Looked at effects of adverse childhood experiences (trauma) over the lifespan
  o Largest study ever done on this subject
People enrolled in the Kaiser Permanente health plan were asked ten questions related to the following adverse childhood experiences:

- Physical, emotional and/or sexual abuse
- Neglect or abandonment
- Divorce
- Alcoholism or drug addiction in the family
- Family violence
- Poverty, homelessness, lack of food and basic needs
- Family member in prison
- Family member with mental illness
17,000 people answered questions

- 80% White (including Hispanic); 10% Black; 10% Asian; about 50% men, 50% women; 74% had attended college; 62% age 50 or older

Findings:
- 1 in 4 exposed to 2 categories of ACEs
- 1 in 16 was exposed to 4 categories
- 22% were sexually abused as children
- 66% of the women experienced abuse, violence or family strife in childhood
- Women were 50% more likely than men to have experienced 5 or more ACEs
Impacts are neurological, biological, psychological and social in nature. They include:

- 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)
- Severe and persistent behavioral health, health and social problems, early death
Multiple trauma experiences raise the risk for:

- Anxiety problems and fears
  - Avoiding people, places and things that are similar to or reminders of the traumatic event(s)
- Physical health problems
- Sleep problems
- Emotional problems such as feeling numb and/or disconnected from oneself or environment
- Memory problems
- Flashbacks
Multiple trauma experiences raise the risk for:

- Alcoholism and alcohol abuse, substance use/abuse
- Obesity
- Respiratory difficulties
- Heart disease
- Multiple sexual partners
- Poor relationships with others
- Smoking
- Suicide attempts
- Unintended pregnancies
Trauma experienced in adulthood may also affect a person’s emotional and physical well-being. Examples include:

• Combat related trauma
• Refugee/torture/civil unrest
• Witnessing or experiencing violence
• Catastrophic loss (natural disasters)
• Terrorism

*Bottom line findings: These experiences raise the individual’s risk for severe emotional distress, suicide, physical illness, substance abuse and a host of other life difficulties.*
Trauma may also lead to a set of symptoms referred to as Post-Traumatic Stress Disorder (PTSD).

The following symptoms are clear indications that the person has been overwhelmed by trauma and is experiencing serious mental health consequences:

• Re-living the experience
• Avoidance and emotional numbing
• Over-sensitivity and irritability
Re-living

- Intrusive memories, images, or perceptions
- Recurring nightmares
- Intrusive daydreams or flashbacks
- Exaggerated emotional and physical reactions
- Dissociative experiences (feeling disconnected from one’s body and environment)
Avoidance and Numbing

The avoidance and numbing set of symptoms includes:

- Efforts to avoid thoughts, feelings, activities, or situations associated with the trauma
- Feelings of detachment from people, places and things
- Inability to have positive and loving feelings
- Limited emotions, loss of interest, and avoidance of activity
Over-sensitivity and Irritability

- Exaggerated startle response
- Being on guard much of the time
- Insomnia and other sleep disturbances
- Difficulties in concentrating
- Outbursts of anger
Findings About Trauma

- 1 in 6 men have experienced emotional trauma
- 80% of people in psychiatric hospitals have experienced physical or sexual abuse
- 66% of people in substance abuse treatment report childhood abuse or neglect
- 90% of women with alcoholism were sexually abused or suffered severe violence from parents
Findings About Trauma

The following are attributable to childhood adverse experiences:

• 2/3 (67%) of all suicide attempts
• 64% of adult suicide attempts
• 80% of child/adolescent suicide attempts

Women are three times as likely as men to attempt suicide over their lifespan.
Findings About Trauma

• **92%** of incarcerated girls report sexual, physical or severe emotional abuse

• Boys who experience or witness violence are **1,000 times** more likely to commit violence than those who do not

• As many as **33%** of women and **14%** of men are survivors of childhood sexual abuse
Findings About Trauma

What Does the Prevalent Data Tell Us?

• The majority of adults and children in psychiatric treatment settings have trauma histories

• A sizable percentage of people with substance use disorders have traumatic stress symptoms that interfere with achieving or maintaining sobriety

• A sizable percentage of adults and children in the prison or juvenile justice system have trauma histories

• Growing body of research on the relationship between victimization and later offending

• Many people with trauma histories have overlapping problems with mental health, addictions, physical health, and are victims or perpetrators of crime

• Victims of trauma are found across all systems of care

The experience of trauma in childhood and adulthood matters.

A quality health care, human services and/or social safety net organization should be designed to address the impact of trauma for every single person in that organization.
The Challenge

It is difficult to determine if a particular life problem is related to trauma. We don’t know what kinds of experiences patients have had when they present for services, so we need to approach them in a universally sensitive manner.

• If we assume that their presenting issues are not related to trauma, then we miss a great opportunity to help.

• If we assume trauma may be playing a role, then we begin to pay attention to signs of trauma and ask the right questions.

• The steps we take to create a safe and trusting environment benefits everyone.
Actions Your Practice Should Take

It would be wise to assume that trauma may play a role in the person’s current life difficulties and that our job is to:

- Engage the person in exploring their life history related to trauma in a way that is respectful and sensitive.
- Ensure that policies, procedures, activities, environment and ways that we relate and talk to each other creates a safe and trusting environment.
Importance of Trauma-informed Care

• To provide effective services we need to understand the life situations that may be contributing to the person’s current problems.

• Many current problems faced by the people we serve may be related to traumatic life experiences.

• People who have experienced traumatic life events 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 re-live the trauma and view our organization as a source of distress and not as a healing and welcoming environment.
Importance of Trauma-informed Care

We, along with most health care and human service systems, do not routinely and comprehensively inquire about the trauma that may have been or currently experienced by our clients. We can make mistakes when we don’t fully understanding the role that trauma may be playing in the problems and disappointments of our clients.
Importance of Trauma-informed Care

We might unintentionally cause harm by practices, policies and activities that are insensitive to the needs of our clients.

- Re-victimizing or re-traumatizing someone unintentionally is a real possibility

All of us are not immune from adverse experiences in the present or the past.

Understanding trauma also means recognizing that our personal traumatic experiences or the stress associated with working in human services may impact our emotional and physical well-being as well as our work success and satisfaction.
Unintentionally Causing Clients to Re-live Their Trauma

The importance of relationships

What Hurts:
• Interactions that are humiliating, harsh, impersonal, disrespectful, critical, demanding, or judgmental

What Helps:
• Interactions that express kindness, patience, reassurance, calm, acceptance, and listening
• Frequent use of words like please and thank you
Unintentionally Causing Clients to Re-live Their Trauma

The importance of the physical environment

What Hurts:

- Congested areas that are noisy
- Poor signage that is confusing
- Uncomfortable furniture
- Cold non-inviting colors and paintings/posters on the wall
Unintentionally Causing Clients to Re-live Their Trauma

The importance of the *physical environment*

**What Helps:**

- Treatment and waiting rooms that are comfortable, calming and offer privacy
- Furniture is clean and comfortable
- No wrong door philosophy: we are all here to help
- Wall coverings, posters/pictures are pleasant, and covey a hopeful positive message
Unintentionally Causing Clients to Re-live Their Trauma

The importance of our *attitudes and beliefs*

**What Hurts:**

- Asking questions that convey the idea that “there is something wrong with the person”

- Regarding a person’s difficulties only as symptoms of a mental health, substance use or medical problem
Unintentionally Causing Clients to Re-live Their Trauma

The importance of our *attitudes and beliefs*

**What Helps:**

- Asking questions for the purpose of understanding what harmful events may contribute to current problems
- Recognizing that mental health, substance use, and physical health symptoms may be a person’s way of coping with trauma
Goals for making progress in becoming a trauma-informed care practice

1. Increase the awareness, knowledge and skills of the clinical workforce in delivering research-informed treatment services designed to address the cognitive, emotional, behavioral, substance use and physical problems associated with trauma.

2. Increase the awareness, knowledge and skills of the workforce to create a safe, trusting and healing environment as well as examining and changing policies, procedures and practices that may unintentionally cause distress and may re-traumatize (cause harm) to those we serve.
Goals for making progress in becoming a trauma-informed care practice (cont.)

3. Recognize that the people we serve may be part of and affected by a larger service system that includes housing, corrections, courts, primary health, emergency care, social services, education, and treatment environments such as substance use programs. We have an opportunity to engage and increase the awareness of these other service providers to the principles and practices of trauma informed care. In this way, our efforts are less likely to be undermined by other parts of the system.
A trauma-informed care environment improves the experience of everyone, including the workforce.

Human service work challenges our own personal resources. Working with people who are struggling with serious life difficulties may contribute to:

- Emotional exhaustion
- Disappointment or frustration with a lack of accomplishment (lacking job success and satisfaction)
- Becoming impatient and finding our compassion and empathy declining (compassion fatigue)

Source: Folkman, 1990
How understanding trauma and improving our services helps all of us

A trauma-informed work place:

- Increases safety for all
- Improves the social environment in a way that improves relationships for all
- Cares for the caregivers
- Increases the quality of services
- Reduces negative encounters and events
- Creates a community of hope and health
- Increases success and satisfaction at work
For more information and training about Trauma-Informed Care, click here.