The ABCs of Trauma
Overview

• Defining trauma
• Understanding ACES
• Resilience
• Trauma-informed care
• Compassion in our work and world
Defining Trauma

• Paradigm shift
• What is trauma?
• What does it do?
• Symptoms as adaptations
• Prevalence of trauma
• Universal precautions
We begin to ask, “What happened to you?” rather than “What is wrong with you?”

We have to ask, “What’s strong?” rather than “What’s wrong?”
Videos

Paradigm Shift
https://www.youtube.com/watch?v=JlRK1vqcuvg

Cleveland Clinic
Empathy: The Human Connection to Patient Care
http://health.clevelandclinic.org/2013/03/empathy-exploring-human-connection-video/
Understanding Trauma

Trauma is

• Pervasive
  • Impactful
    • Life shaping
      • Self-perpetuating
What is Trauma?

Definition (SAMHSA Experts 2012) includes three key elements

*Individual trauma results from an *event*, series of events, or set of circumstances that is *experienced* by an individual as overwhelming or life-changing and that has profound *effects* on the individual’s psychological development or well-being, often involving a physiological, social, and/or spiritual impact.*
What Do We Mean By 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 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 run but may cause serious harm in the long run.

• Trauma is always defined by the individual
What is Trauma?

Trauma Video from Seven Counties Services, Kentucky

Compiled by Kate Cole
Univ. of Louisville Kent School of Social Work

https://www.youtube.com/watch?v=TStXKJKtgkI&feature=youtu.be
Types of Trauma

• Child maltreatment and complex trauma
• Serious accident or illness
• Victim/witness to domestic, community and school violence
• Natural disaster, war, terrorism, political violence
• Traumatic grief/separation, significant loss
• Historical and generational trauma
What Does Trauma Do?

Shapes our Beliefs

Worldview

Spirituality

Identity
Results in Vicious Loop
What Does Trauma Do?

Symptoms are adaptations

- Drinking = self medication
- Cutting = release of pressure
- Isolating = avoidance of fear
- Aggression = protecting oneself
Symptoms are Adaptations

At your tables, brain storm examples of symptoms are adaptations that you encounter everyday

Report out to the group
Prevalence

- In the general population, 61% of men and 51% of women reported exposure to at least one lifetime traumatic event, but majority reporting more than one traumatic event (Kessler, et al, 1995)

- 2012 numbers show that 59% of the general population has experience adverse childhood events
Prevalence of Trauma in Students

13 of every 30 students in a classroom will have toxic stress from **3 or more** Adverse Childhood Experiences (ACEs)

Source: Washington State Family Policy Council
Therefore, we need to exercise...
Understanding ACEs
Adverse Childhood Experiences (ACE) Study

• Center for Disease Control and Kaiser Permanente (an HMO) Collaboration
• Over a ten year study involving 17,000 people
• Looked at effects of adverse childhood experiences (trauma) over the lifespan
• Largest study ever done on this subject
Adverse Childhood Experiences

1. Child physical abuse
2. Child sexual abuse
3. Child emotional abuse
4. Physical Neglect
5. Emotional Neglect
6. Mentally ill, depressed or suicidal person in the home
7. Drug addicted or alcoholic family member
8. Witnessing domestic violence against the mother
9. Loss of a parent to death or abandonment, including abandonment by divorce
10. Incarceration of any family member
Dose-Response Relationship:
More ACEs = More Disease
Higher ACE Score Increases Smoking

- 6 of 100 people with 0 ACEs smoke
- 11 of 100 people with 3 ACEs smoke
- 17 of 100 people with 7 ACEs smoke
ACE Score Increases Suicide Attempt

1 of 100 people with 0 ACEs attempt suicide

10 of 100 people with 3 ACEs attempt suicide

20 of 100 people with 7 ACEs attempt suicide
Life-Long Physical, Mental & Behavioral Health Outcomes Linked to ACEs

- Alcohol, tobacco & other drug addiction
- Auto-immune disease
- Chronic obstructive pulmonary disease & ischemic heart disease
- Depression, anxiety & other mental illness
- Diabetes
- Multiple divorces
- Fetal death
- High risk sexual activity, STDs & unintended pregnancy

- Intimate partner violence—perpetration & victimization
- Liver disease
- Lung cancer
- Obesity
- Self-regulation & anger management problems
- Skeletal fractures
- Suicide attempts
- Work problems—including absenteeism, productivity & on-the-job injury
What They Found

Of the 17,000 respondents

• **1 in 4** exposed to **2** categories of ACEs
• **1 in 16** 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
Impact of Trauma Over the Lifespan

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); and
• Severe and persistent behavioral health, health and social problems, early death.

(Felitti et al, 1998)
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
Survival Mode Response

Inability to
• Respond
• Learn
• Process
Adverse Childhood Experiences

The #1 Chronic Health Epidemic in the United States

“The impact of ACEs can now only be ignored as a matter of conscious choice. With this information comes the responsibility to use it”

(Anda and Brown, CDC)

ACE Study DVD from Academy on Violence and Abuse

http://www.avahealth.org/ace_study/ace_study_dvd_institutional_license/
The experience of trauma in childhood and adulthood matters!

A *quality* healthcare, human services and/or social safety net organization is designed to address the impact of trauma for every single person in that organization.
Resilience
Ability to adapt well to stress, adversity, trauma or tragedy
Promoting Resilience Involves Building Relationships
Promoting Resilience Involves Teaching
Language Of Resilience

• Vocabulary reinforces feelings and beliefs
• Helps guide behavior
• Leads to greater options for acting
• Allows us to be able to recognize resilience in self/others
Three Statements of Resilience

I Have...
= safety & security: core for developing resilience

I Am...
= safety & security: core for developing resilience

I Can...
= mastery, sense of future

*Strengthening the Human Spirit by Edith Grotberg, PhD 1995*
I Have (external supports)

- People around me I trust and who love me, no matter what
- People who set limits for me so I know when to stop before there is danger or trouble
- People who show me how to do things right by the way they do things
- People who want me to learn to do things on my own
- People who help me when I am sick, in danger, or need to learn

= safety & security: core for developing resilience
I Am (internal, personal strengths)

• A person people can like and love
• Glad to do nice things for others and show my concern
• Respectful of myself and others
• Willing to be responsible for what I do
• Sure things will be all right

= inner strength or hope; feelings, attitudes and beliefs within the child
I Can (social/interpersonal skills)

- Talk to others about things that frighten me or bother me
- Find ways to solve problems that I face
- Control myself when I feel like doing something not right or dangerous
- Figure out when it is a good time to talk to someone or to take action
- Find someone to help me when I need it

= mastery, sense of future
Trauma-Informed Care
Why is Trauma-Informed Care Important in our Work?

• To provide effective services we need to understand the life situations that may be contributing to the persons 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 relive the trauma and view our organization as a source of distress and not as a healing and welcoming environment
Why is Trauma-Informed Care Important to Our Organization?

• 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
SAMHSA’s Four R’s

A program, organization or system that is trauma-informed -

realizes the widespread impact of trauma and understands potential paths for recovery; recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the system; resists re-traumatization, and responds by fully integrating knowledge about trauma into policies, procedures, practices, and settings.
Principles of a Trauma-Informed Approach

- Safety
- Trustworthiness and Transparency
- Collaboration and mutuality
- Empowerment
- Voice and choice

*(Fallot 2008, SAMHSA, 2012)*
What Does a Trauma-Informed Organization Include?

• Safe, calm, and secure environment with supportive care
• System wide understanding of trauma prevalence, impact and trauma-informed care
• Cultural Competence
• Consumer voice, choice and advocacy
• Recovery, consumer-driven and trauma specific services
• Healing, hopeful, honest and trusting relationships
“We always recognized the importance of physical safety. Our refusal to tolerate violence of any sort constituted our best defense against any breach in physical safety. But a physically safe environment, although necessary, was not sufficient. So there had to be other kinds of safety, which I have termed psychological safety, social safety, and moral safety.”

(Sandra L. Bloom, Creating Sanctuary, 2013)
Psychological Safety

“Refers to the ability to be safe within oneself, to rely on one’s ability to self-protect and keep oneself out of harm’s way.”

(Bloom, 2013)

If you have never felt safe or remembered safety, how will you know it when it is present?
“The sense of feeling safe with other people...There are so many traumatized people that there will never be enough individual therapists to treat them. We must begin to create naturally occurring, healing environments that provide some of the corrective experiences that are vital for recovery.”

(Bloom, 2013)
Moral Safety

The never-ending quest for understanding how organizations function in the healing process.

• An attempt to reduce the hypocrisy that is present, both explicitly and implicitly

• A morally safe environment struggles with the issues of honesty and integrity

  (Bloom, 2013)
What Hurts and What Helps?
The importance of relationships

WHAT HURTS?
• Interactions that are humiliating, harsh, impersonal, disrespectful, critical, demanding, judgmental

WHAT HELPS?
• Interactions that express kindness, patience, reassurance, calm and acceptance and listening
• Frequent use of words like PLEASE and THANK YOU
The importance of the physical environment

WHAT HURTS?
• Congested areas that are noisy
• Poor signage that is confusing
• Uncomfortable furniture
• Separate bathrooms
• Cold non-inviting colors and paintings/posters on the wall

WHAT HELPS?
• Comfortable, calming, and private treatment and waiting.
• Furniture is clean and comfortable
• No wrong door philosophy
• Integrated restrooms
• Messages conveyed throughout that are positive and hopeful
The importance of our attitudes and beliefs

WHAT HURTS?
• Asking questions that convey the idea that “there is something wrong with the person”
• Judgments and prejudices based on cultural ignorance
• Regarding a person’s difficulties only as symptoms of a mental health, substance use or medical problem

WHAT HELPS?
• Asking questions for the purpose of understanding what harmful events may contribute to current problems
• Understanding the role of culture in trauma response
• Recognizing that symptoms are often a person’s way of coping with trauma or are adaptations
What are the Benefits of Adopting Trauma-Informed Approaches?

• Increases safety for all
• Improves the social environment
• Cares for the caregivers
• Improves the quality of services
• Reduces negative encounters and events
• Creates a community of hope, healing and recovery
• Increases success and satisfaction at work
• Promotes organizational wellness
• Improves the bottom line
Trauma Informed Services

“Takes into account an understanding of trauma in all aspects of service delivery and places priority on the person’s safety, choice and control”

Harris and Fallot
Trauma Informed First

“Create a culture of non-violence, learning and collaboration”

*Sandy Bloom*
What are we doing to make our organization trauma-informed?

• Our organization joined a trauma-informed care Learning Community organized by the National Council for Behavioral Health.

• We have a core implementation team (CIT) that is working and learning to improve the way we meet the needs of people with trauma experiences.

• Our Core Implementation Team includes ____________________________

• We also have an oversight group that helps to guide and make decisions that are practical and beneficial to all of us. The oversight team includes ____________________________
The 7 Domains of Trauma-Informed Care

- **Domain 1**: Early Screening & Comprehensive Assessment of Trauma
- **Domain 2**: Consumer Driven Care & Services
- **Domain 3**: Trauma-Informed, Educated & Responsive Workforce
- **Domain 4**: Trauma-Informed, Evidence-Based and Emerging Best Practices
- **Domain 5**: Safe and Secure Environment
- **Domain 6**: Community Outreach and Partnership Building
- **Domain 7**: Ongoing Performance Improvement
Domain 1

Early Screening and Comprehensive Assessment

Develop a respectful screening and assessment that is

• Routine
• Competently done
• Culturally relevant
• Sensitive
Domain 2

Consumer Driven Care and Services

Involve and engage people who are or have been recipients of our services to

• play numerous roles

• meaningfully participate in planning, implementation and evaluation
Include the Voice of Lived Experience

Options:
1. Show video of a consumer sharing his/her experience of trauma and recovery

2. Have a person from inside or outside your organization share their experience of trauma and the people, places and things that contributed to his/her recovery
Domain 3

Trauma-informed, Educated and Responsive Workforce

Increase awareness, knowledge, skills of the entire workforce to deliver services that are

• Effective
• Efficient
• Timely
• Respectful
• Person centered
Domain 4

Trauma-Informed, Evidence Based and Emerging Best Practices

Increase awareness, knowledge and skills of the *clinical workforce* to deliver research informed treatment services that address affects associated with trauma, including

- Cognitive
  - Emotional
    - Behavioral
  - Substance use and physical problems
Domain 5

Safe and Secure Environments

Increase the awareness, knowledge and skills of the workforce to create environments that are

• Safe
  • Trusting
  • Healing

Examine and change policies, procedures and practices that may unintentionally cause distress and re-traumatize those we serve
Domain 6
Community Outreach and Partnership Building

Recognize that the people we serve are part of and affected by other systems including:

• Faith based organizations
• Schools
• Early childhood
• Housing
• Corrections
• Courts
• Primary health
• Emergency care
• Social services
• Higher education
• Treatment environments

And many more!
Domain 7

Ongoing Performance Improvement

• Ensure a system is in place to measure performance in each domain
• Track, analyze and review data to address challenges and/or reinforce progress
• Empower a standing work group of key stakeholders to sustain a continuous organizational focus on trauma-informed care.
What Can I Do Next?

What Do I/We Need to....

• Stop Doing
• Start Doing
• Do More of
Compassion In Our Work and World
We all matter!

• Every contact with a client and with each other will affect us in one of two ways:
  
  **1. Contribute to a safe and trusting healing environment**
  
  OR
  
  **2. Detract from a safe and trusting environment**

• We all play a role in assisting our clients to make progress in their lives

• We all matter when it comes to creating a safe, trusting and healing environment
The stresses of our own work and lives make trauma a personal concern

• None of us are immune to traumatic experiences in our own lives.
• All of us work in human services where people are struggling with many challenges that are often overwhelming.
• It’s important to be aware of how these experiences may challenge our own emotional resources.
Trauma-Informed Care improves the experience of 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
✔ Becoming impatient and finding our compassion and empathy declining (compassion fatigue)

Folkman 1990
“That which is to give light must endure burning” - Viktor Frankl
“Empathy? Compassion? I have medication for that.”
Staff/Treaters

- Often have their own traumatic histories, including cultural and historical trauma
- Seek to avoid re-experiencing their 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 their own loss, rejection, and anger
Compassion

• Virtue of empathy for the suffering of others
• Fundamental part of human love
• Cornerstone of greater social interconnection and humanism
• Foundational to the highest principles in philosophy, society, and personhood.
Compassion Fatigue or Burnout

Compassion Fatigue - Deep physical, emotional and spiritual exhaustion accompanied by acute emotional pain

Burnout – A syndrome of emotional exhaustion, depersonalization, and a reduced sense of personal accomplishment
**THE BURNOUT CURVE**

- Excessive expectations
- Hard work, low reward
- Increased effort, no result
- No end in sight
- Rage towards others
- Mental/physical exhaustion
- Descent into cynicism
- Feelings of despair and hopelessness
- Loss of belief in any better future
- Collapse

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**Sense of Emptiness and Worthlessness**

**Work Output and Satisfaction**
"You’ll have to excuse my husband - he’s got compassion fatigue".
What To Do?

We need to prioritize self-care at the individual, professional and organizational levels

Laure van Dernoot Lipsky
Trauma Stewardship

http://traumastewardship.com/listen-watch/tedx-washington/
Personal

- Exercise
- Maintaining medical appointments
- Reading
  Adequate rest
- Creative projects
- Socializing
- Exposure to the arts/performance
- Spa/wellness treatment
- Healthy eating
- Exercise
- Hobbies
Professional

• Pursue development opportunities
• Take breaks
• Maintain regular supervision meetings
• Arrange group lunches or other meetings with coworkers
• Balint Groups
  (http://americanbalintsociety.org/)
Organizational

- Staff education and training
- Staff supervision
- Effective communication
- Comfort room for staff
- Celebration of successes
Community

• Religious or spiritual engagement
• Involvement in community effort
• Neighborhood gathering
• Involvement in activity or cause
Caregiver Health

When is the last time you experienced JOY at work?
Provider Resilience App
Web Resources

www.self-compassion.org

www.mentalhealthrecovery.com

www.proqol.org/CProQOL Compassion Fatigue

www.intentionalpeersupport.org