



# Trauma Informed Care



# OBJECTIVES OF THE TRAINING

- 1.) Overview of trauma and pervasiveness
- 2.) Understand the importance and vulnerability of the first 5 years based on early brain development
- 3.) Learn the impact of ACES and Toxic Stress on early child development and adult outcomes
- 4.) Understand how the 6 Kentucky Strengthening Families Protective Factors change the story for children, families, and adults.
- 5.) Be able to utilize Trauma Informed Care as a response to families that are predisposed to trauma and at risk.

# Objective 1: Overview of Trauma and Pervasiveness

# What is trauma?

Individual trauma results from an **event**, series of events, or set of circumstances that is **experienced** by an individual as physically or emotionally harmful or life threatening and that has lasting adverse **effects** on the individual's functioning and mental, physical, social, emotional, or spiritual well-being.

Trauma overwhelms the ordinary systems that give people a sense of control, connection and meaning.

# Types of Trauma

- Neglect/abandonment
- Children and Elderly
- Sexual/physical/emotional abuse or assault
- Serious accident or illness/medical procedure
- Witness to domestic violence
- Experience Partner Violence
- Survivor/witness to community violence
- School violence
- Trafficking
- Workplace harassment

# Types of Trauma

- Natural or manmade disasters
- Forced displacement
- War/terrorism/political violence
- Survivor/witness to extreme personal and/or interpersonal violence
- Homicide/Suicide
- Traumatic grief/separation
- System-induced trauma
- Survivor of Bullying
- Police Brutality

# Complex Trauma (Toxic Stress)

- **Complex trauma-** “a psychiatric condition that officially does not exist, but which possibly constitutes the most common set of psychological problems to drive human beings into psychiatric care” (Van der Kolk, 2009)
- Are usually not a “single blow” event
- Are interpersonal in nature: intentional, prolonged, repeated, severe
- Occur in childhood and adolescence and may extend over an individual’s life span

# Complex Trauma (Toxic Stress)

In the absence of formal recognition or diagnosis for complex traumatic stress disorders, there is the potential mis- or over-diagnosis of severe disorders (e.g., bipolar, schizophrenia spectrum disorders, BPD, conduct disorder).

(Christine Curtois and Julian Ford, “Treating Complex Traumatic Stress Disorders,” 2009)

# What Prevalence Data Tells Us?

## *Mental Health*

- Individuals in treatment for severe mental disorders are more likely to have histories of trauma, including childhood physical and sexual abuse, serious accidents, homelessness, involuntary psychiatric hospitalizations, drug overdoses, interpersonal violence, and other forms of violence.
- Many clients with severe mental disorders also meet criteria for posttraumatic stress disorder (PTSD).
- Individuals with serious mental illness who have histories of trauma often present with other psychological symptoms or disorders commonly associated with trauma, including anxiety, mood disorders (e.g., major depression, dysthymia, bipolar disorders), and substance use disorders.
- Traumatic stress increases the risk for mental illness, and findings suggest that traumatic stress increases the symptom severity of mental illness. Research suggests that trauma often precedes the development of mental disorders.
- Mental illness increases the risk of experiencing trauma, and trauma increases the risk of developing psychological symptoms and mental disorders.

(<http://store.samhsa.gov/shin/content/SMA15-4912/SMA15-4912.pdf>)

# What Prevalence Data Tells Us?

## *Substance Use*

- Many people who have substance use disorders have experienced trauma as children or adults.
- Substance abuse predisposes people to higher rates of traumas, such as dangerous situations and accidents, while under the influence and as a result of the lifestyle associated with substance abuse.
- People who abuse substances and have experienced trauma have worse treatment outcomes than those without histories of trauma.
- More than half of individuals who seek substance abuse treatment report one or more lifetime traumas, and a significant number of clients in inpatient treatment also have subclinical traumatic stress symptoms or posttraumatic stress disorder.

(<http://store.samhsa.gov/shin/content/SMA15-4912/SMA15-4912.pdf>)

# Importance of Attachment

## Traumatic Experience

- Floods us w/ physical fear/helplessness
- Colors the world as dangerous/unpredictable
- Creates overwhelming emotional chaos
- Threatens cohesive sense of self
- Assaults self-efficacy and sense of control
- Scrambles ability to engage fully in present/adapt to new situations

## Secure Attachment

- Soothes and comforts
- Offers safe haven
- Promotes affect regulation
- Promotes personality integration
- Promotes confidence/trust in self and others
- Promotes openness to experience, and new learning

# Three Levels of Stress

## Positive

Brief increases in heart rate,  
mild elevations in stress hormone levels.

## Tolerable

Serious, temporary stress responses,  
buffered by supportive relationships.

## Toxic

Prolonged activation of stress response systems in the  
absence of protective relationships, which can produce  
physiological changes that lead to lifelong problems in  
learning, behavior, and health.



# Fight, Flight, or Freeze

- Active “fight-or-flight” or hyper-arousal response
- Passive response, known as the surrender response, which involves varying degrees of dissociation – “disengaging from stimuli in the external world and attending to an ‘internal’ world” (Perry et al, 1995).
- Each of these are of adaptive benefit to the organism and promote human survival.

# Regulation of Affect

- Affect regulation develops in the right hemisphere of the brain and is assisted by relational co-regulation.
- The sensitive period for affect regulation in the first three years of life.
- Affect regulation is a core skill for social and emotional well-being and is a fundamental building block for learning.

**Objective 2: Understand  
the importance and  
vulnerability of the first 5  
years based on early  
brain development.**

# Brain Plasticity

- The brain is always changing
- Plasticity is not uniform across all brain areas
- It takes less time, intensity and repetition to organize the developing neural systems than to reorganize the developed neural systems
- The importance and persistence of early learning

## THREE CORE CONCEPTS IN EARLY DEVELOPMENT

1. Experiences Build Brain Architecture
2. Serve & Return Interaction Shapes Brain  
Circuitry
3. Toxic Stress Derails Healthy  
Development

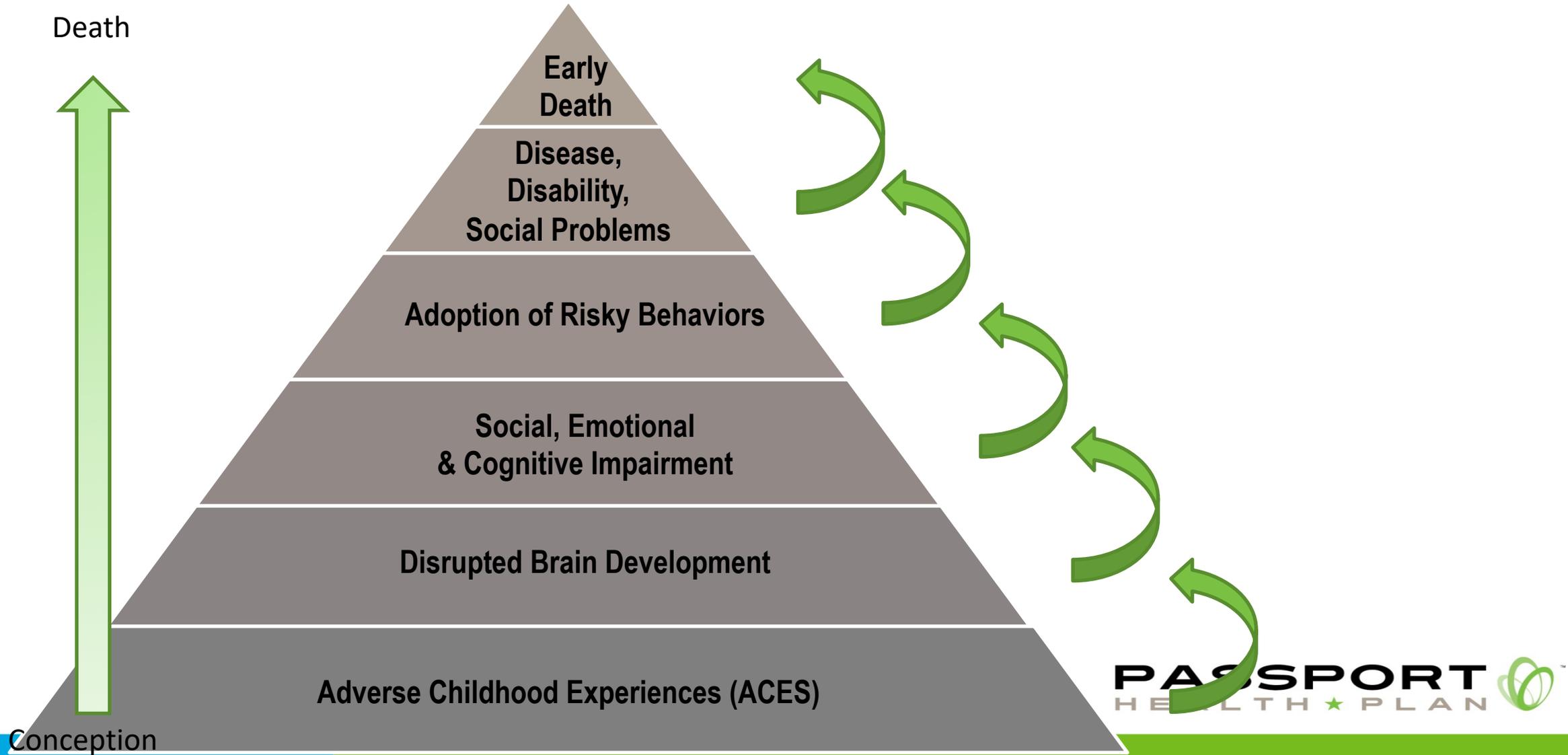
**Objective 3: Learn the  
impact of ACES and Toxic  
Stress on early child  
development**

# The Comprehensive Impact

- When we are uninformed about trauma, we can inadvertently re-traumatize
- Whether or not a given event evokes a trauma response, particularly with children, greatly depends on the response of caregivers
- Each service provider a child/adolescent comes into contact with after a trauma event can either hinder, harm or help stimulate healing

# What is the Impact of Traumatic Stress on Behavior?

# In a nutshell, researchers found that...



# Adverse Childhood Experiences (ACE) Study

ACE Score	Women	Men	Total
0	34.5%	38	36.1%
1	24.5%	27.9%	26.0%
2	15.5%	16.4	15.9%
3	10.3%	8.6%	9.5%
4 or more	15.2%	9.2%	12.5%

- Adverse Childhood Experiences are common
- Almost 2/3 at least one
- 64% participants had experienced one or more ACE's
- More than 1 in 5 report 3 or more ACE's
- 1 in 4 exposed to at least two categories of abuse
- 1 in 16 experienced 4 or more

American Journal of Preventive Medicine 1998; 14:245-258



# American Academy of Pediatrics: New Science → New Paradigm

- The availability of a caring and responsive adult greatly reduces the risk that circumstances will lead to excessive activation of stress response systems that lead to physiologic harm and long-term consequences for health and learning.
- The context to establish the early roots of physical and mental well-being include:
  - → A stable and responsive environment of relationships
  - → Safe & supportive physical , chemical, and built environments, &
  - → Sound and appropriate nutrition



# **Objective 4: Understand how Protective Factors can change the story for children and families**

**Passport works in collaboration with the Kentucky Strengthening Families Initiative to Reduce Risk for Children**

# Strengthening Kentucky Families

## Protective Factors

- Knowledge of Child Development
- Social Connections
- Parental Resilience
- Concrete Support in Times of Need
- Social and Emotional Competence of Children
- Nurturing and Attachment

# What is a Protective Factor?

A protective factor is a characteristic that makes a parent, child, or family more likely to thrive and less likely to experience a negative outcome. A protective factor is like the flip side of a risk factor. You can also think of protective factors as what helps children and families thrive despite whatever risk factors they might face.

**Objective 5: Be able to  
utilize Trauma Informed  
Care as a response to  
families that are  
predisposed to trauma  
and at risk.**

# Imagine...

- A place where people ask “what happened to you” instead of “what’s wrong with you?”
- A place that understands that trauma can be re-triggered.
- A place committed to supporting the healing process while ensuring no more harm is done.
- A place that recognizes your strengths and builds upon them, giving you the resources you ask for.

**T**  
**I**  
**C**  
**B**

**Trauma**  
**Informed**  
**Care**  
**Best Practices**

# Trauma Informed System of Care

# System of Care(SOC)

## Trauma Informed Care (TIC)

- SOC = “A comprehensive spectrum of mental health and other necessary services which are organized into a coordinated network to meet the multiple and changing needs of consumers and their families” (Stroul & Friedman, 1986)
- TIC = an overarching perspective which infuses the network with a way of approaching consumers; it reminds everyone what consumers have likely been through and how to sensitively take trauma into account

# A Paradigm Shift

Not simply about trauma-awareness;  
but **trauma informed**

- Shifts how we see symptoms
  - Strength based/resiliency oriented
  - Rather than inherently pathological
- Shifts how we go about providing services in a system of care



- It involves the provision of services and interventions that FIRST do not inflict further trauma on an individual or reactivate traumatic past experiences
- A “Universal Precautions” approach to care
- One that helps an individual to heal
- Means making a commitment to changing the practices, policies and culture of an entire organization – changing a program’s culture.
- Staff at all levels and all roles modify what they do based on an understanding of the impact of trauma and the specific needs of trauma survivors.

# Trauma-Informed Care

“A human services or health care system whose primary mission is altered by virtue of knowledge about trauma and the impact it has on the lives of consumers receiving services”

- Maxine Harris

# THE CONCEPT OF TRAUMA:

## 3 “E”s

### 1. Events

Individual trauma results from an **event**, series of events, or set of circumstances that is **experienced** by an individual as physically or emotionally harmful or life threatening and that has lasting adverse **effects** on the individual’s functioning and mental, physical, social, emotional, or spiritual well-being.

### 2. Experience

### 3. Effects

# TRAUMA-INFORMED APPROACH: KEY NORMS

1. Realization

2. Recognize

3. Responds

4. Resist Re-traumatization

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; and **responds** by fully integrating knowledge about trauma into policies, procedures, and practices, and seeks to actively **resist** re-traumatization.

# TEN IMPLEMENTATION DOMAINS

6. Screening, Assessment, Treatment Services
  - Evidenced-Based Practices; available to all
7. Training and Workforce Development
  - On-going training and professional development
8. Progress Monitoring and Quality Assurance
  - Assessment, tracking, and monitoring of effective use of TIC principles
9. Financing
  - Resources support Trauma-informed approach
10. Evaluation
  - Agency measures and evaluation designs reflect understanding of trauma and trauma-oriented research

# Take Home Message

- **Trauma** is a pervasive issue. Many individuals who receive behavioral health services have been exposed to traumatic events.
- **Trauma-informed care** understands the pervasiveness of trauma and commits to identifying and addressing trauma issues early.
- **Trauma-Informed agencies** provide services that do not re-traumatize folks and commit to infusing TIC into policies and practices, with the ultimate goal to create trauma-free environments.
- Responding to individuals in a **trauma-informed manner** is crucial to overall health and must be a priority.

# Resources

<https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/adolescent-sexual-health/Pages/Trauma-Informed-Care.aspx>

<https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/healthy-foster-care-america/Pages/Trauma-Guide.aspx>

[https://integration.samhsa.gov/GATSBR\\_Webinar\\_Series\\_Announcement\\_Final.pdf](https://integration.samhsa.gov/GATSBR_Webinar_Series_Announcement_Final.pdf)

<https://store.samhsa.gov/system/files/sma15-4912.pdf>

[http://www.chcs.org/media/ATC\\_whitepaper\\_040616.pdf](http://www.chcs.org/media/ATC_whitepaper_040616.pdf)

<https://www.thenationalcouncil.org/topics/trauma-informed-care/>

<https://traumaticstressinstitute.org/the-artic-scale/>