

The logo consists of a blue heart shape inside a larger blue circle, with a white swoosh above the heart.

Trauma-Informed Care

IN KENTUCKY

Safety • Individual Choice • Empowerment

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Please Be Aware

- There are parts of this presentation that may trigger uncomfortable/difficult responses in some people. If you have a history of trauma exposure or are sensitive to trauma references/discussion, this may be more likely. Please know that it is OK to leave the room/take a break if necessary.
- The presenter will be available after the presentation for discussion, if needed.



What Is Trauma?

- “Traumatization occurs when both internal and external resources are inadequate to cope with the external threat” (Van der Kolk, 1989)
- Trauma overwhelms the ordinary systems that give people a sense of control, connection and meaning.
- Often, people who have experienced trauma will use coping strategies that, while seeming to work at the time, may cause harm.





The 3E Concept

- **Event(s)**
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.
- **Experience**
- **Effects**

DSM 5 - Trauma and Stressor-Related Disorders

- **PTSD/Acute Stress Disorder:**
- Exposure to actual or threatened death, serious injury, or sexual violence
- **Modes of Exposure:**
 - direct experience
 - witnessing in person as it occurred to others
 - learning that event happened to family member(s) or close friend(s)
 - repeated or extreme exposure to aversive details (e.g., police officers repeatedly exposed to details of child abuse)



Three Types of Stress

Positive

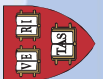
Brief increases in heart rate,
mild elevations in stress hormone levels.

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.



Center on the Developing Child
HARVARD UNIVERSITY

Slide adapted from Shonkoff, J. (2008, June 26)





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)
- Usually not a single event (e.g. rape, natural disaster)
- Interpersonal in nature: intentional, prolonged, repeated, severe
- Often occur in childhood and adolescence and may extend over an individual’s life span

(Terri, 1991; Giller, 1999)



Individuals who have experienced traumatic events

may have visible signs, or their distress may not be apparent at all.





Some Effects Of Trauma

Effects are neurological, biological, psychological and social in nature, including:

- Changes in brain neurobiology
- Social, emotional and cognitive challenges
- Adoption of high risk behaviors as coping mechanisms/tension reduction behaviors which negatively impact health (for example, eating disorders, smoking, substance abuse, self-harm, sexual promiscuity, violence)
- Severe and persistent behavioral and physical health issues, social problems and early death



Behaviors You May See In The Classroom

- Anxiety, fear, and worry about safety of self and others
- Withdrawal from others or activities
- Increased physical complaints
- Decreased attention and/or concentration
- Over- or under-reaction to sounds, smells, touches, sudden movements
- Increase in activity level
- Re-experiencing the trauma
- Change in academic performance
- Avoidance behaviors
- Irritability with friends, teachers, events
- Emotional numbing
- Angry outbursts and/or aggression
- Substance abuse

Trauma Impacts Learning

“Severe and chronic trauma (such as living with an alcoholic parent, or watching in terror as your mom gets beat up) causes toxic stress in kids. Toxic stress damages kid’s brains. When trauma launches kids into flight, fight or fright mode, they cannot learn. **It is physiologically impossible.**”

**Dr. John Medina, Developmental
Molecular Biologist**





Trauma Changes Your World View



The ACE Study

- Kaiser Permanente and Centers for Disease Control and Prevention partnered to study effects of Adverse Childhood Experiences during the lifespan of over 17,000 participants.
- Participants were HMO members completing a comprehensive physical exam. They were generally middle class adults, with an average age of 57 years. Of the participants, 74% had some college, and 44% had graduated from college.
- Participants were 80% Caucasian, 10% African-American, 10% Asian. Males and females were about equally represented.





When Doctors Asked About These Adverse Childhood Events (ACE)

- | | | |
|--------------|----------------|-------------------------------|
| Abuse | Neglect | Household Dysfunction |
| Physical | Emotional | Divorce |
| Emotional | Physical | Substance Abuse |
| Sexual | | Mother Treated Violently |
| | | Incarcerated Household Member |
| | | Mental Illness |

Patients Reported:

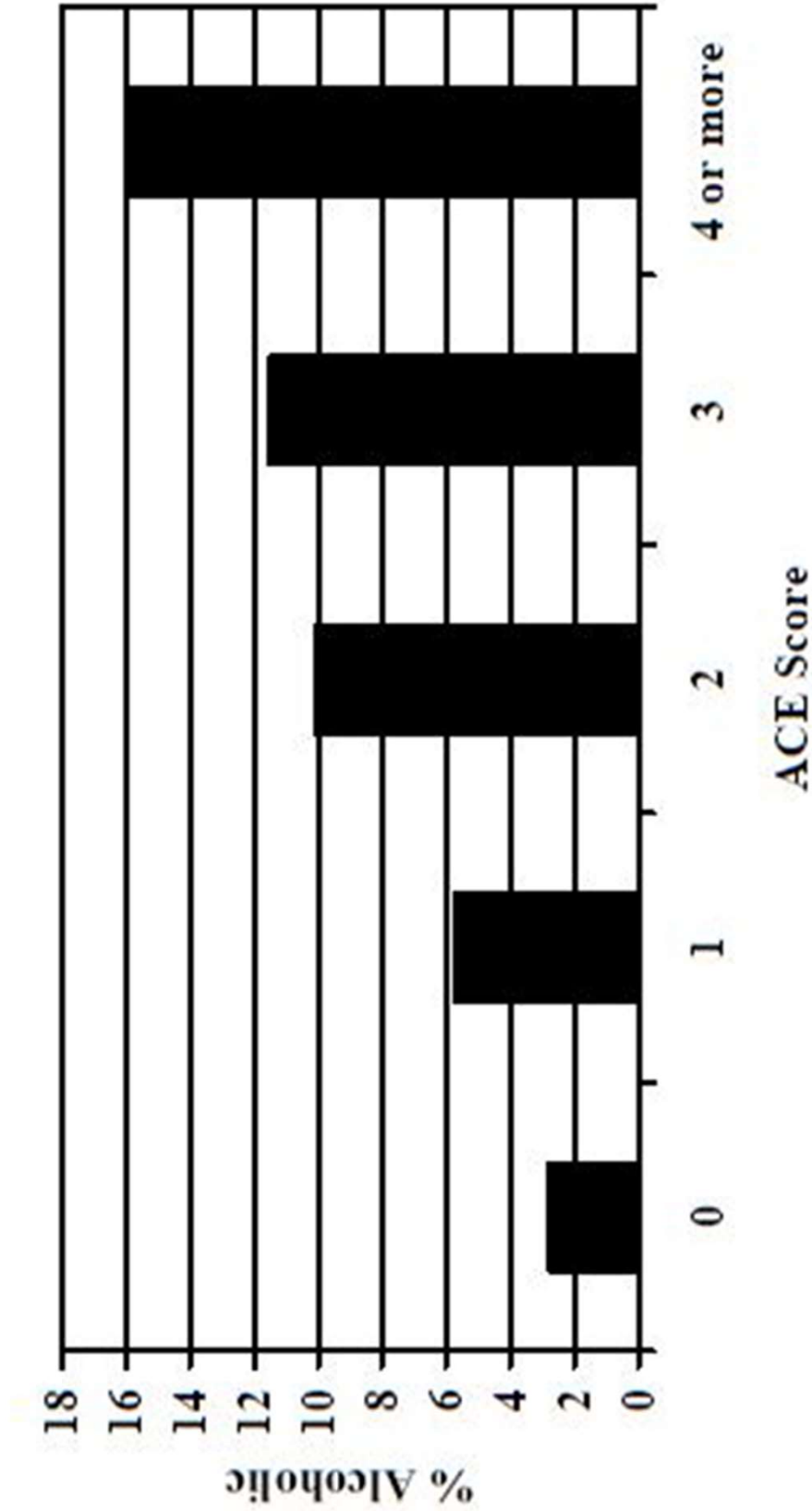
ACE Score	Women	Men	Total
0	34.5%	38%	36.1%
1	24.5%	27.9%	26.0%
2	15.5%	16.4%	15.9%
3	10.3%	8.6%	9.5%
4 or more	15.2%	9.2%	12.5%



Mechanism by Which Adverse Childhood Experiences Influence Health and Well-being Throughout the Lifespan



ACE Score vs. Adult Alcoholism



New State Data: ACEs and Substance Use in Youth

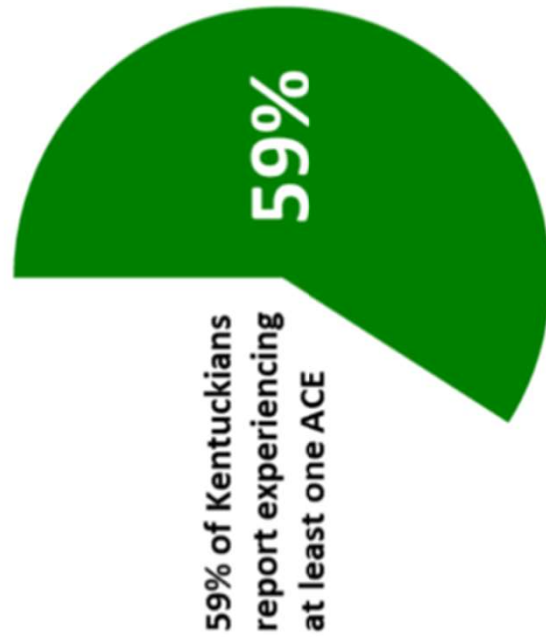
- Of adolescents engaged in substance use disorder treatment in Kentucky between 2014 and 2016, the group being mostly Caucasian, mostly male, with an average age of 15.6 (at intake), mostly living with family members:
 - The average number of ACEs was 3.6.
 - 46% of the sample reported 4 or more ACEs.
 - Girls reported significantly more trauma and ACEs than boys (4.3 vs. 3.3 average).
 - Girls reported significantly higher rates of mental health disorders and fewer resiliency supports than boys.

» Data from the Adolescent Health and Recovery Treatment and Training Project, University of Kentucky, 2017

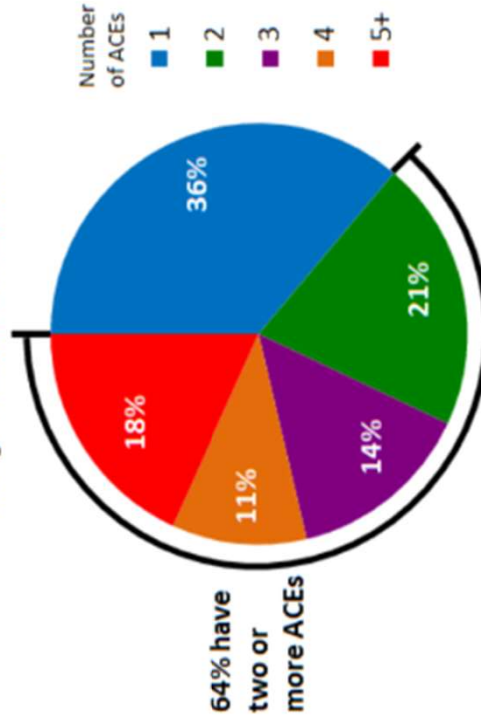




Kentucky ACE Data



Distribution of ACEs
among those with at least one ACE



More than half (59%) of **Kentucky residents** have experienced at least one ACE. Of those that have experienced at least one ACE, **64%** have experienced two or more ACEs.

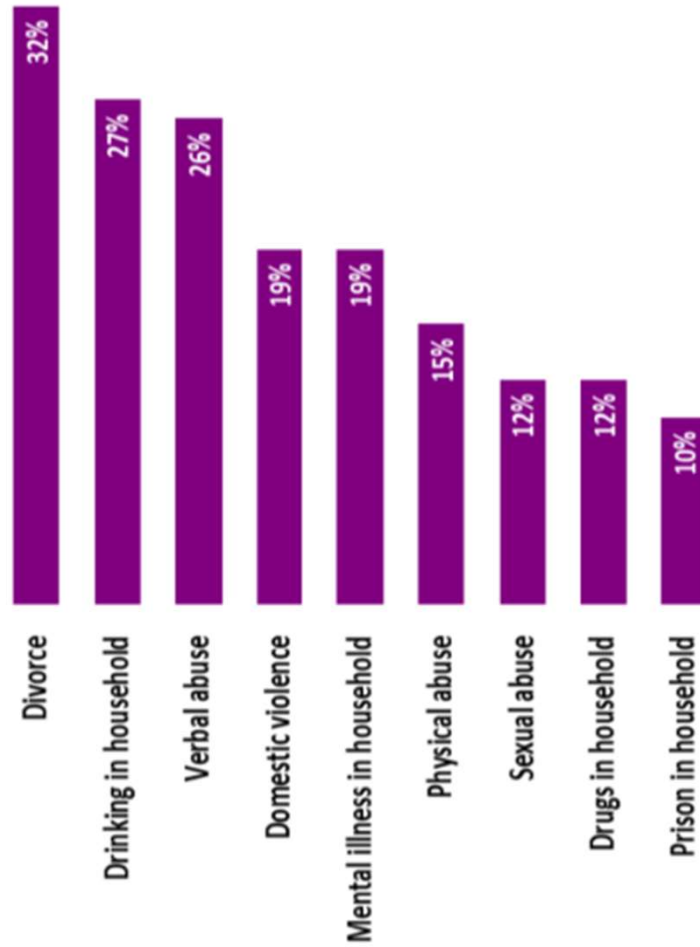
Data Source: Kentucky Behavioral Risk Factor Surveillance (KyBRFS); Year 2015

Kentucky ACE Data (cont.)

Common ACEs in Kentucky

Data from the Kentucky Behavioral Risk Factor Surveillance (KyBRFS) indicates that several Kentucky adults experienced various types of ACEs. Of those experiencing at least one ACE, 32% experienced divorce in the household, 27% experienced drinking (problem drinker or alcoholism) in the household, and 26% experienced verbal abuse. These data suggest that ACEs are very common in Kentucky and should be addressed during routine health care visits.

Prevalence of Individual ACEs



Data Source: Kentucky Behavioral Risk Factor Surveillance (KyBRFS); Year 2015





Imagine A Place...

- where people ask “What happened to you?” instead of “What’s wrong with you?”
- that understands that trauma can be re-triggered.
- committed to supporting the healing process while ensuring no more harm is done.



What Is Trauma-Informed Care?

- An approach using a purposeful provision of a safe environment
- Services are sensitive to trauma (Universal Precautions)
- All components of a given system have been reconsidered with an understanding of the impact of trauma/violence
- Services delivered in a way that will avoid inadvertent re-traumatization and will facilitate healing, recovery, empowerment, and participation in treatment

Kentucky Strengthening Families

The 6 Protective Factors are research based in that when these 6 PFs are present, regardless of the number of risk factors present in the home, the likelihood of child *maltreatment* greatly reduces and in exchange the rate of **school readiness, children reaching optimal development and the strength of the family unit increases.**



Definition adapted from National Alliance of Children's Trust and Prevention. (2014)



What Can Schools Do?

- Increase supports for trauma-exposed students.
- Provide a safe place for talking, calming down.
- Look at facilities through trauma-sensitive eyes.
- Have a *real* conversation regarding discipline strategies (e.g., logical consequences vs. punitive measures) and their effectiveness.
- Gather and evaluate data.
- Welcome input from students, caregivers, community partners, and others.



What Can Staff Do?

- Be aware (can look like other behavioral health disorders such as ADHD or ODD).
- Know the triggers.
- Be sensitive to possible reminders in the environment.
- Inform students of changes to the routine, as well as other atypical events such as turning off lights, loud noises, a new person coming into the classroom, etc.
- Seat students carefully.
- Clearly state expectations.



What Can Staff Do? (cont.)

- Convey that mistakes are expected and are OK.
- Maintain routines.
- Set and enforce limits.
- Be clear and consistent.
- Speak calmly without showing anger.
- Don't take it personally.
- Communicate with caregivers and other team members.

Know The Warning Signs for Suicide

Some warning signs may help you determine if a loved one is at risk for suicide, especially if the behavior is new, has increased, or seems related to a painful event, loss, or change. If you or someone you know exhibits any of these, seek help by calling the Lifeline.

- Talking about wanting to die or to kill themselves
- Looking for a way to kill themselves, like searching online or buying a gun
- Talking about feeling hopeless or having no reason to live
- Talking about feeling trapped or in unbearable pain
- Talking about being a burden to others
- Increasing the use of alcohol or drugs
- Acting anxious or agitated; behaving recklessly
- Sleeping too little or too much
- Withdrawing or isolating themselves
- Showing rage or talking about seeking revenge
- Extreme mood swings



Signs of Vicarious or Secondary Trauma

- Emotional: anger, sadness, prolonged grief, anxiety, depression, difficulty concentrating, feeling numb/detached, intense thoughts/dreams over time regarding a student's trauma
- Physical: headaches, stomachaches, lethargy, constipation
- Personal: self-isolation, cynicism, mood swings, irritability with partner/family
- Workplace: avoiding students, missed appointments, tardiness, lack of motivation, denial of traumatic events, moodiness/irritability/impatience with students





A Few Tips

- Don't go it alone.
- Recognize compassion fatigue as an occupational hazard.
- Seek help with your own traumas.
- If you see signs in yourself, talk to a professional.
- Attend to self-care.



In Conclusion:

- 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 people 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.



Final Thought

Defiant, combative, hostile, and uncooperative are labels used by many people to describe trauma-exposed kids.

What if we saw them instead as **frightened, struggling to cope, confused, abandoned, and dealing with the effects of extreme stress?**

Imagine the change in our response to their behavior!



Questions?



Resources

- The National Child Traumatic Stress Network: Child Trauma Toolkit for Educators at <http://www.NCTSN.org>
- Trauma and Learning Policy Initiative: Helping Traumatized Children Learn at <https://traumasensitiveschools.org/>
- ACEs Too High News: Information on Lincoln High's new approach to school discipline and other resources at <http://acestoohigh.com>
- ACEs Connection Network: Current news and research on using trauma-informed, resilience-building practices: www.acesconnection.com

Resources, cont.

- “How Childhood Trauma Affects Health Across a Lifetime,” a TEDTalk by Dr. Nadine Burke Harris: <https://youtu.be/95ovlJ3dsNk>
- “Safe And Sound: Raising Emotionally Healthy Children in a Stressful World,” an informational program on child development which includes information on trauma’s impact on development, at <http://www.ket.org/health/safe-and-sound.htm>
- Frontline, “Prison State,” a documentary which, in part, shows connections between trauma and incarceration, at <http://www.pbs.org/wgbh/pages/frontline/locked-up-in-america/>





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suicidepreventionlifeline.org