TRAUMA
A BRIEF OVERVIEW AND THE IMPACT OF SECONDARY TRAUMA

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CENTRA WELLNESS NETWORK

WHAT DOES TRAUMA INFORMED CARE OFFER?

- Improves our **desired outcomes**
- Supports trauma recovery by
  - **Reducing re-traumatization**
  - Providing "**corrective emotional experience**"
- Decreases our own **vicarious trauma** or **compassion fatigue**

What is Trauma?

Trauma is an event that is extremely upsetting and at least temporarily overwhelms internal resources."

BRIERE, J. (2006)

- It can be a single event
- More often than not it is multiple events over time (complex, prolonged trauma)
- An interpersonal violence or violation, especially at the hands of an authority/trust figure is especially damaging
- It can be a community event, or national event
- Natural disaster, or man-made disasters

Individual Trauma:

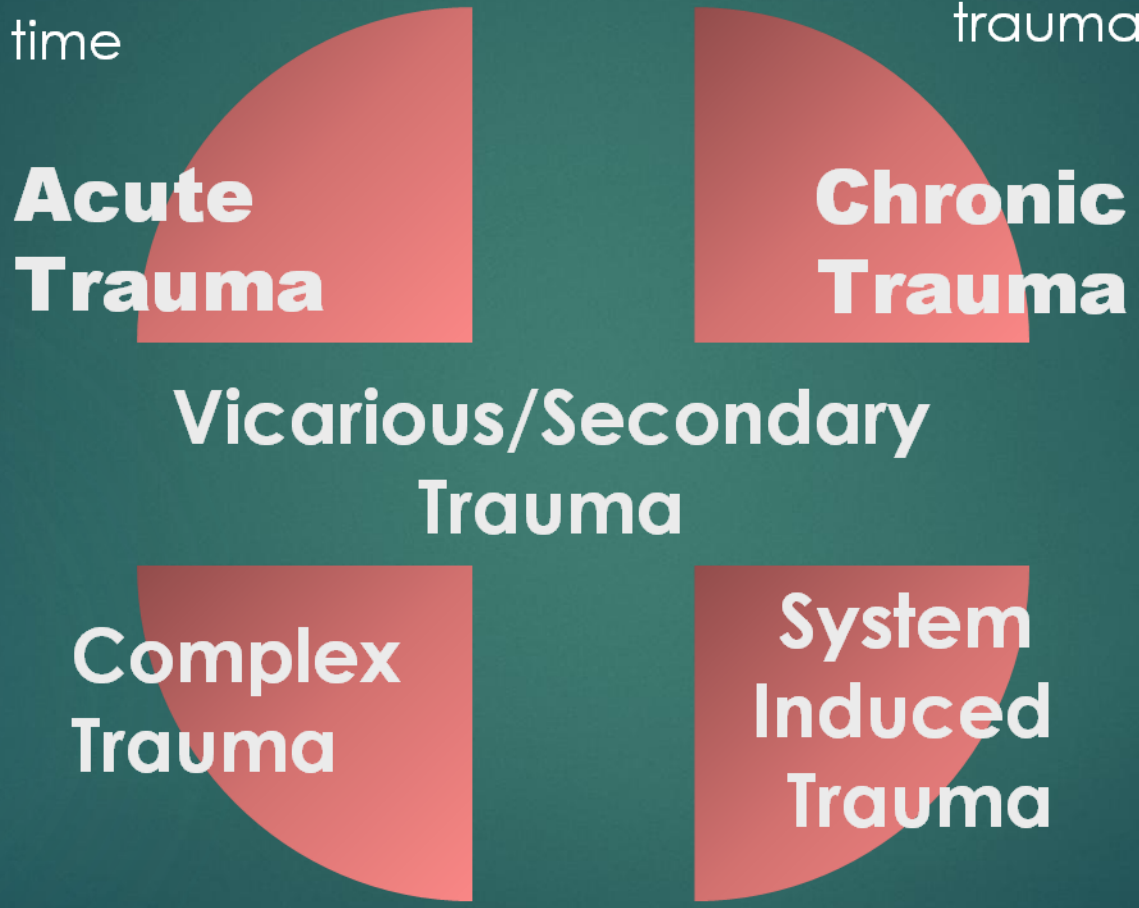
Individual trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or threatening and that has lasting adverse effects on the individual's functioning and physical, social, emotional, or spiritual well-being

Trauma has "many faces" and a traumatic experience can be personal and different for each person. You will find numerous trauma statements, and definitions. The one above I feel address all aspects of the human experience.

TYPES OF TRAUMA

A single traumatic event that is limited in time

The experience of multiple traumatic events.



Both exposure To Chronic Trauma and The impact Such exposure Has on a Person.

The removal from home, placement in A residential facility, Involuntary placement, protective Custody, etc.

We have learned, given the numbers of trauma survivors and their often debilitating post-traumatic responses, that this constitutes a public health challenge of the first magnitude."

Susan Salasin, SAMHSA (2000)

In Behavioral Health we know that at least 85-90% of women seeking treatment have had a traumatic experience.

These statistic were gathered in the early 2000, long before we experience mass shootings in record numbers.

Who/What are we talking about?

The experiences of people vary, and as we learned their experiences (what they internalize) can also be very different as well.

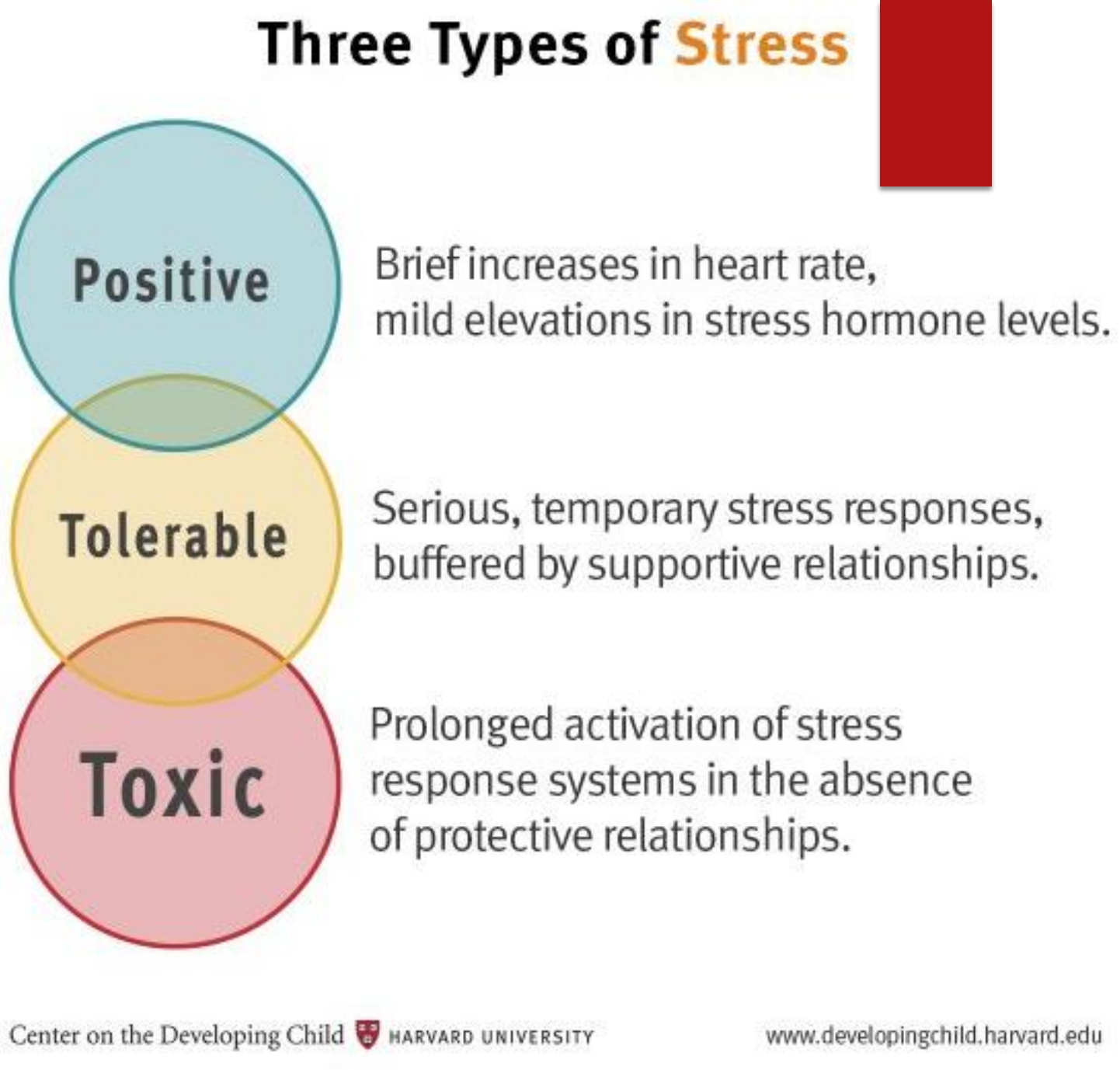
National Tragedies: The Shuttle Explosion – 911 attack – Boston Marathon
School Shootings – Vegas Shooting/Theater Shooting
Wars, threat of Nuclear War

Individual Tragedies: Death of family member, Health Crisis, Divorce, Job Loss,
War, Car Accidents, House Fires

Natural Tragedies: Fires, Tornadoes, Flooding, Tsunami, drought

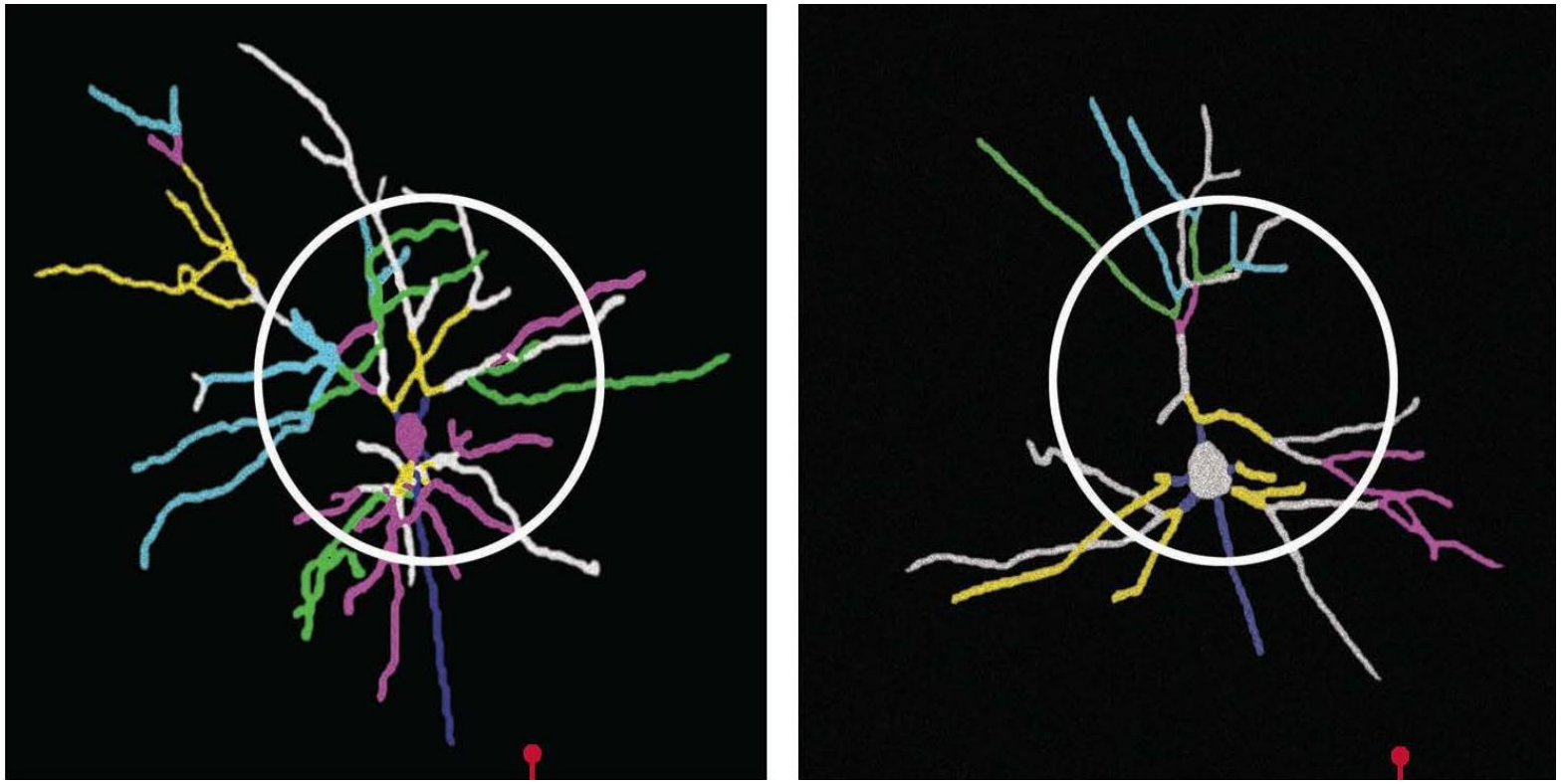
- **Trauma** – an intense event that threatens safety or security of an individual

  Toxic Stress – re-occurring negative experiences that threaten safety or security



Impact of Toxic Stress on the Brain Center of Children:

- The most crucial years are 0-8 Research has found physical consequences to trauma and stress on our development and our bodies.



Center for Developing Child, Harvard University

FINDING THE IMPACT OF TRAUMA OCCURRED ACCIDENTALLY

- DR. FELITTI WAS COMPLETING HIS RESEARCH ON WEIGHT LOSS – HE WAS FINDNG THAT HIS MOST SUCCESSFUL CANDIDATES ONCE THEY LOST WEIGHT – WOULD GAIN IT BACK
- DR ANADA'S RESEARCH
- THE TWO PAIRED UP COMPLETING THE ACES STUDY

Reports of ACEs, First Round of the Study

- The Adverse Childhood Experiences, or "ACE" Study has done more than anything to measure the **long-term consequences** of **childhood trauma** and **put them "on the map**." It started with a **simple question** that one of the Co-PIs, Dr. Vincent Felitti, asked a woman who was **struggling in his weight-loss program**. Her answer revealed some **unexpected connections** between child trauma and **later-life illness**, and set him and Dr. Robert Anda, who would become his Co-PI, on an incredible journey.

Adverse Childhood Experiences (ACE) Study

- Co-PIs: Robert F. Anda, MD (CDC) and Vincent J. Feltti, MD (Kaiser Permanente)
- HMO enrollees, middle class; average age 59, interviewed about difficult childhood experiences
- More than 17,000 interviewed, data still being analyzed
- Staggering results, many since replicated
- Start with: www.acestudy.org

Ten Categories of ACEs

- Abuse:
  - Emotional Abuse
  - Physical Abuse
  - Sexual Abuse
- Household Challenges
  - Mother Treated Violently
  - Household Substance Abuse
  - Household Mental Illness
  - Parental separation or divorce
  - Incarcerated household member
- Neglect
  - Emotional neglect
  - Physical neglect

FINDINGS IN THE FIRST ROUND OF THE STUDY:

The ACEs study has been sited over the years thousands of times.

Reported	Kind of Stressor or Traumagenic Experience
28%	Physical Abuse
31%	Sexual Abuse
11%	Emotional Abuse
19%	Mental Illness in the household
27%	Substance abuse in the household
23%	Divorce or separation of parents
13%	Domestic violence in the household
5%	Incarceration of a household member

No ACEs 33%

- 1 in 16 smokes; 1 in 14 has heart disease
- 1 in 69 is alcoholic; **1 in 480 uses IV drugs**
- **1 in 96 has attempted suicide**

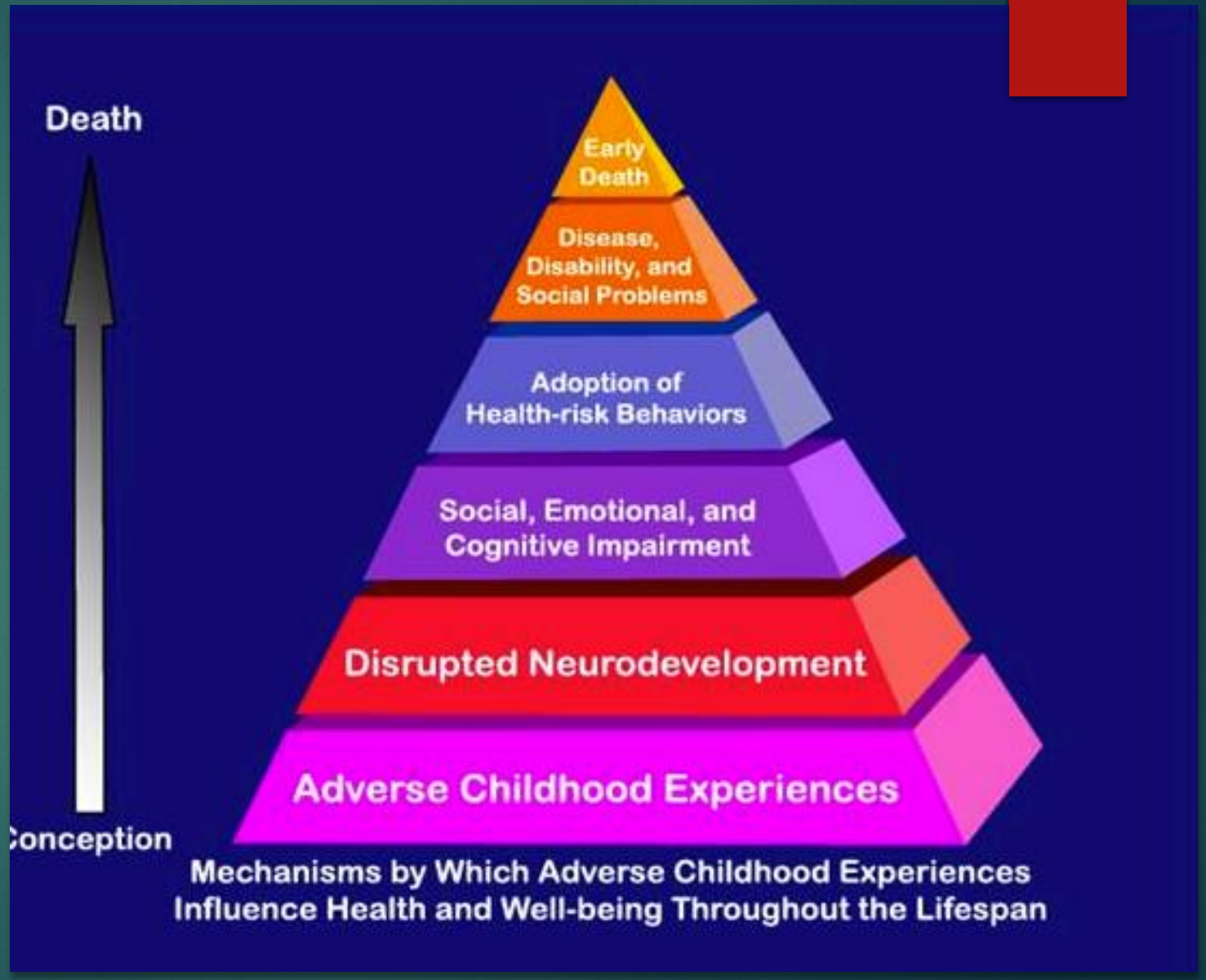
1-3 ACEs 51%

- **With 3 ACES**, 1 in 9 smokes, 1 in 7 heart disease
- 1 in 9 is alcoholic, 1 in 43 uses IV drugs
- 1 in 10 has attempted suicide

4-10 ACEs 16%

- **With 7+ ACEs**, 1 in 6 smokes, 1 in 6 has heart disease
- 1 in 6 is alcoholic, **1 in 30 uses IV drugs**
- **1 in 5 has attempted suicide**

HIGHER THE ACES SCORE THE HIGHER RISK OF INCREASED HEALTH RISK AND EVEN EARLY DEATH



PROVIDING CARE

- How to provide care/services to persons with Trauma Experiences

What is Trauma Informed Care:

“Trauma-informed organizations, programs, and services are based on an understanding of the vulnerabilities or triggers of trauma survivors that traditional service delivery approaches may exacerbate, so that these services and programs can be more supportive and avoid re-traumatization.”

NCTIC, SAMHSA

PRINCIPALS OF TRAUMA INFORMED CARE

- **Awareness:** Everyone knows the role of trauma
- **Safety:** Ensuring physical and emotional safety
- **Trustworthiness**: Maximizing trustworthiness, making tasks clear, and maintaining appropriate boundaries
- **Choice:** Respect and prioritize consumer choice and control
- **Collaboration:** Maximizing collaboration and sharing of power with consumers
- **Empowerment:** Prioritizing consumer empowerment and skill-building

Focusing on Strength And Viewing the Entire Picture

What makes it difficult to focus on strengths:

- Natural reactions to negative conditions and effects
- Assessment, planning, service, reimbursement systems based on deficits (diagnoses, symptoms) ….making sure paperwork is done
- Challenging behaviors that accompany some common post-trauma conditions-acting out behaviors are difficult to address
- Human tendency to stigmatize – we “label” people; naturally we make/develop an opinion of people within the first few seconds we meet them
- Fear – appearance, voice, words can all make us fearful

If we Can Focus on Strengths these are Some of the Possible Outcomes:

- Affirms the dignity of all people; people feel heard/understood
- Takes people from "victim" to survivor—to hero – they lived through it!
- Generates hope – moving from victim to survivor or even learning that you did not cause the event.. That it happened to you can remove shame, guilt, fears etc…
- Makes it safe to claim the power of choice and healthy social connection
- Protects, nourishes, empowers
- Makes it safe for the story to be told

SAMHSA's Key Principles for TIC

- Safety: Setting and interactions physically and psychologically safe
- Trustworthiness and Transparency: Meaningful sharing of power and decision making; Trans- parent operations/decisions maintain trust
- Collaboration/Mutuality: Partnership, leveling of power differences; Recognition that healing happens in relationships and in meaningful sharing of power
- Empowerment: Individuals' strengths are recognized, built on, validated; New skills built as necessary
- Voice and Choice: Aim is to strengthen staff's, participants, families' experience of choice; Recognition of need for individualized approach
- Inclusiveness and Shared Purpose: everyone has a role to play; Don't have to be a therapist to be therapeutic

Tips and Language for Trauma Informed Care

- Use language the person recognizes
  - "Has your partner messed with your birth control?"
- Meet the survivor "where they are"
  - If a person is not ready to talk, do not force the conversation. Rather keep the door open for a later time.
- Consider the person's cultural context
  - Avoid making assumptions – just ask!

Tips for Practicing Trauma Informed Care

- Recognize adaptive behaviors serve a purpose
  - Why is a person chronically miss morning appointments? Is the morning the only time she can sleep? Does she have a traumatic brain injury that prevents her from remembering things?
  - Make adjustments to help that person succeed. Set appointment times for the afternoon.
- Include everyone in your agency
  - From receptionist to treatment staff
  - Provide trauma training to every employee

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How do we provide TIC

To the best of your ability and within your given time constraints:

- Lose the labels
- Let him/her tell their story
- Give him/her time and space to tell their story
- Let the survivor lead
- Respect his/her voice and choice
- Recognize the survivor's comfort level
- Consider the survivor's perspective from their cultural context

How do we provide TIC

- Listen
  - What is the survivor saying to you?
  - What is the survivor not saying?
  - How is the survivor saying it?
- Inform
  - What information do you have that may help her?
  - What will happen next in the process?
  - Why is the information important for her to have?
  - How can your services can help her?

VICARIOUS TRAUMA; SECONDARY TRAUMA; COMPASSION FATIGUE

When you start to feel:

- FED UP AND CAN'T TAKE IT ANY MORE – what happened… I use to love my job.
- I am up worrying about my job
- Irritated with my co-workers
- Etc…

Breaking Down “Compassion Fatigue”

- Immersion in deficit-based models
- Neglect of self-care, leading to exhaustion
- Effects of developmental trauma on service provision relationships (frustration, stress)
- Unresolved primary trauma, grief, guilt, shame and/or anger, triggered by material
- Countertransference, overidentification
- Vicarious traumatization: Sponge is full

Can what happens to others really affect me?

- "**vicarious trauma**"—being overwhelmed by the volume and weight of the traumatic information you take in—is just **one of many things** that get lumped together under this heading.

Building Trauma Informed Care within your organization

There can be many challenges that can interfere or de-rail building a positive environment of TIC– here are a few, you can list them for your organization

- Historical experiences with agency and supervision
- Individual personality and thought processes
- Lack of scheduled, dedicated time to address STS
- Entire agency culture verses individual clinic culture
- Staff/Supervision in survival mode

Dr. James Henry

Here is a list of some of the items a supervisor provided:

- Time – "one more thing" and logistically
- Staff suggestions that are unattainable
- Harmonizing agency expectations with secondary trauma standards
- Resistance by staff
- Not liked/respected by staff
- Harmonizing agency expectations with employee expectations
- Respecting boundaries, boundaries can limit willingness –
- Competency (learning stages)

Strategies to build a more positive organizational climate with TIC:

- Work with others/build relationships. Communicate with a larger group, provide support and receive support. Share experiences and work together. (relationship building)
- Safe experience for staff; Staff need to feel they can verbalize without negative responses/however verbalization has to be respectful. Physical
- Physical surroundings; every effort made to keep employees safe, what are the benefits of safe work habits. Work location is safe for all employees – day and night
- Psychological support is needed – this can occur with sincere and authentic concern, or support. However balanced with job tasks and environment
- Integration within the agency through organizational levels (need champion)
- **Valuing work life and self-care**
- Training/Education/ Support
- Supervisory supports

THANK YOU!
QUESTIONS?

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