TRAUMA INFORMED CARE

UNDERSTANDING, PREVENTING AND HEALING TRAUMA

HIAWATHA BEHAVIORAL HEALTH

Updated 07/18/2022

WHAT IS TRAUMA?

- The American Association's Diagnostic and Statistical Manual (DSM-IV) defines a "traumatic event" as one in which a person:
  - Experiences
  - Witnesses
  - Confronted/threatened with death or serious injury
  - Threat to physical integrity of self or others

Trauma – A deeply distressing or disturbing experience (dictionary). 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 Specific Services – programs, interventions, and services aimed at treating the symptoms resulting from a traumatic event.

Trauma Informed - Trauma-Informed Care (TIC) is an approach in the human service field that assumes that an individual is more likely than not to have a history of trauma. Involves being aware of how clients who are affected by traumatic experiences may perceive and respond to an organization's practices and services. Aims at ensuring environments and services are welcoming to consumers and staff.

ALL STAFF BENEFIT FROM A TRAUMA INFORMED ORGANIZATION

Remembering the key principles of trauma-informed organizations include:

- Safety
- Choice
- Collaboration
- Trustworthiness
- Empowerment

Imagine what would happen if we apply these principles not just with consumers but also with each other!

WATCH : Trauma Informed Starts with You - Bing video

HOW DOES TRAUMA HAPPEN?

Trauma is a public health problem which happens as a result of:

- Physical
- Sexual or emotional abuse
- Neglect
- Violence
- War
- Loss
- Disaster
- Other emotionally harmful experiences

Like individuals, communities can be traumatized as well.

HOW DO PEOPLE HANDLE TRAUMA?

Many people who experience a traumatic event are able to move on with their lives without a lasting negative effect.

Some people have difficulty managing their responses to trauma and it can have a devastating impact on:

- physical
- emotional
- mental well being

WHAT ARE THE AFFECTS OF TRAUMA?

- Trauma affects the developing brain and body and alters the body's stress response mechanisms.
- Research has shown a relationship between traumatic events, impaired brain function and immune system.
- Trauma induces powerlessness, fear, hopelessness, and a constant state of alert, as well as feelings of shame, guilt, rage, isolation and disconnection.

WHAT HAPPENS WHEN TRAUMA IS NOT ADDRESSED, OR DEALT WITH?

Unresolved trauma can show signs in many ways:

- Anxiety disorders
- Panic Attacks
- Intrusive memories (flashbacks)
- Obsessive compulsive behaviors
- Post-traumatic stress disorder
- Addictions
- Non-suicidal self injury
- Numerous physical symptoms (i.e. chronic pain, headaches, nausea…)

WHAT HAPPENS WHEN TRAUMA IS NOT ADDRESSED, OR DEALT WITH? CONTINUED….

Trauma increases health-risk behaviors such as:

- Overeating
- Smoking
- Drinking
- High risk sexual behaviors

- Trauma survivors can become perpetrators themselves.

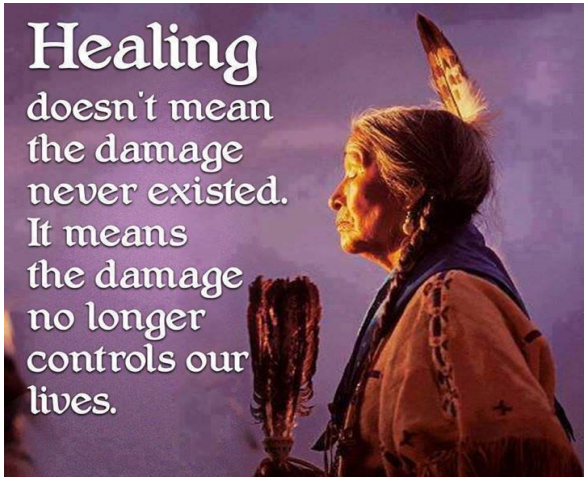
- Can significantly increase the risk of mental and substance use disorders, suicide, chronic physical ailments, as well as premature death.

A NEW UNDERSTANDING OF TRAUMA..

Until recently, trauma survivors were largely unrecognized by the formal treatment system. The costs of trauma and its aftermath to victims and society were not well documented.

A NEW UNDERSTANDING OF TRAUMA…

- Inadvertently, treatment systems may have frequently re-traumatized individuals and failed to understand the impact of traumatic experiences on physical and mental health.



TODAY….

- The causes of trauma - sexual abuse, violence in families and neighborhoods, and the impact of war for example - are matters of public concern.
- Trauma survivors have formed self-help groups to heal together.
- Researchers have learned how trauma changes the brain and alters behavior.
- Trauma is recognized and treated and we ensure survivors are not re-victimized when they seek care.

JUST THE FACTS…

- The Adverse Childhood Experiences (ACE) Study, an observational study of the relationship between trauma in early childhood and morbidity, disability, and mortality in the United States, demonstrated that trauma and other adverse experiences in childhood are associated with lifelong problems in behavioral health and general health [iv].

JUST THE FACTS…

- More than 6 in 10 U.S. youth have been exposed to violence within the past year, including witnessing violence, assault with a weapon, sexual victimization, child maltreatment, and dating violence. Nearly 1 in 10 was injured.[v]
- Predicted cost to health care system from interpersonal violence and abuse ranges between $333 billion and $750 billion annually, or nearly 17% to 37.5% of total health care expenditures.[vi]

JUST THE FACTS…

- A lifetime history of sexual abuse among women in childhood and adulthood ranges from 15 to 25%.[vii] An estimated 5% of males under the age of 18 experienced sexual victimization in the past year.
- In 2008 a RAND study found 18.5 % of returning veterans reported symptoms consistent with PTSD or depression.[viii]

JUST THE FACTS…

- LGBT (Lesbian, Gay, Bisexual, Transgender) people experience violence and PTSD at higher rates than the general public.[x]
- Radically motivated violence and discrimination can be traumatic and have been linked to PTSD symptoms among people of color.[ix]

JUST THE FACTS…

- For those who access public mental health (i.e. Hiawatha Behavioral Health and other Community Mental Health organizations), substance abuse and social services as well as people who are justice-involved or homeless, trauma is an almost universal theme.[xi]
- Between 75 and 93% of youth in the juvenile justice system have experienced some degree of trauma.[xii]

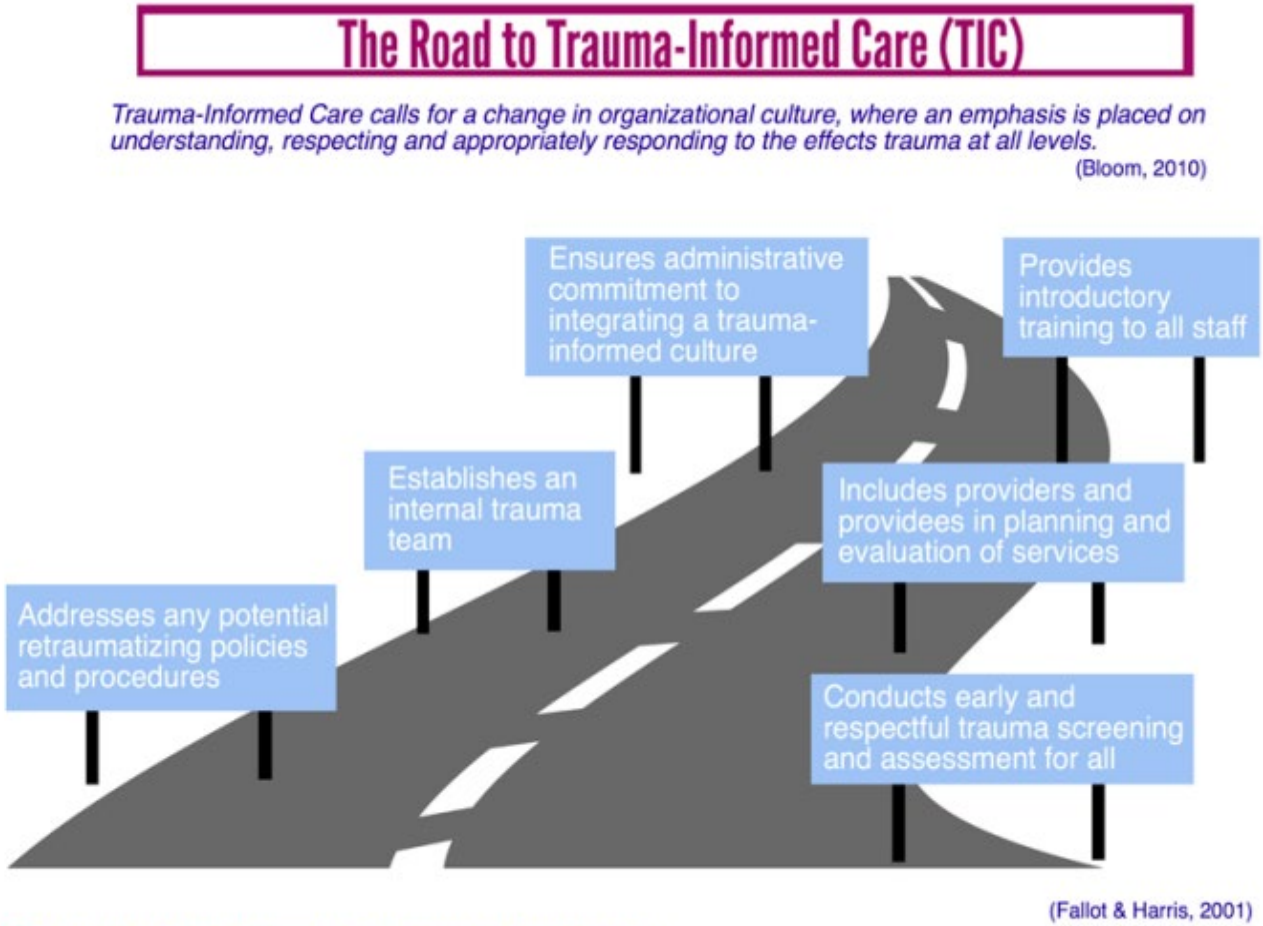
HOW CAN WE HELP PEOPLE WHO HAVE EXPERIENCED TRAUMA?

- Recognize the signs and behaviors associated with trauma.
- Screen for trauma history
- Introduce trauma-informed care to change practices and eliminate coercive and disempowering practices.
- Eliminate re-traumatizing treatments such as seclusion and restraint.
- Establish trauma healing groups and promote peer-led survivor groups.
- Establish and support shelters for battered women and other vulnerable groups.

HOW CAN WE HELP PEOPLE WHO HAVE EXPERIENCED TRAUMA?

- Identify sub-groups in your community who have experienced trauma, such as abused and neglected children, victims of violent crime and assault, refugees, veterans and minority groups.
- Educate the community on reporting child abuse, domestic abuse and hate crimes.
- Educate young women and other vulnerable groups on safety and self-defense.
- Strengthen local policies and programs to protect and shelter trauma victims.
- Recognize trauma experiences among first responders.
- Learn about prevention program in the community and schools to promote positive parenting and healthy behaviors in children and adolescents.

- MDHHS requires agencies be trauma-informed
- Trauma- Informed Care is best practice



DEFINITIONS

Trauma Informed Organization/ Trauma Informed Agency – An organization where all processes/services are viewed through the lens of trauma. 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.

- Empathetic to survivors of trauma
- Understands the impact of trauma
- Ensures safety
- Avoids re-traumatization
- Recognizes secondary trauma

Secondary Traumatic Stress/ Compassion Fatigue/ Vicarious Trauma - The emotional duress that results when an individual hears about the firsthand trauma experiences of another.

- Note: Depending on the source, some consider all 3 of these terms the same, some consider compassion fatigue to be different than STS/VT, some consider VT to be different than STS/CF. For the purposes of this PowerPoint, all are considered equal. However, all sources agree that burnout is different than STS/CF/VT.

Burnout – physical or emotional exhaustion from one's job

WATCH: What is Trauma-Informed Care?

IMPACT ON STAFF-
SYMPTOMS OF COMPASSION FATIGUE IMPACT THE ORGANIZATION

WATCH : Innovations in Addressing Secondary Traumatic Stress in the Workplace - Bing video

Warning Signs of STS and Vicarious Trauma	
Hypervigilance	Excessive alertness for potential threats or dangers at and outside of work. Always being "on" and "on the lookout"
Poor Boundaries	Lacking a balanced sense of your role so that you take on too much, step in and try to control events, have difficulty leaving work at work, or take the work too personally
Avoidance	Coping with stress by shutting down and disconnecting
Inability to Empathize/Numbing	Unable to remain emotionally connected to the work
Addictions	Attaching to distractions to check out from work, personal life, or both
Chronic Exhaustion/ Physical Ailments	Experiencing physical, emotional, and spiritual fatigue or inexplicable aches and pains exceeding what you expect for an ordinary busy day or week
Minimizing	Trivializing a current experience by comparing it with another situation that we regard as more severe
Anger and Cynicism	Using cynicism or anger to cope other intense feelings that we may not understand or know how to manage
Feelings of Professional Inadequacy	Becoming increasingly unsure of yourself professionally, second-guessing yourself, feeling insecure about tasks that you once felt confident to perform

Common Compassion Fatigue Symptoms

Cognitive	Emotional
Lowered Concentration	Guilt
Apathy	Anger
Rigid thinking	Numbness
Perfectionism	Sadness
Preoccupation with trauma	Helplessness
Behavioral	**Physical**
Withdrawal	Increased heart rate
Sleep disturbance	Difficulty breathing
Appetite change	Muscle and joint pain
Hyper-vigilance	Impaired immune system
Elevated startle response	Increased severity of medical concerns

Source: Secondary Traumatic Stress | The Administration for Children and Families (hhs.gov)

Microsoft Word - Building_TSS_Handout_2secondary_trauma.docx (ed.gov)

TRAUMA INFORMED APPLIES TO ALL STAFF

Even if you never talk to a consumer directly on the phone, you may 'interact' and not even know it

- Website
- NorthCare Facebook page
- Newsletters
- Reports

- You also interact with co-workers, who may or may not be struggling with trauma
- Clinical staff are more likely to experience secondary traumatic stress

READ : What is Trauma-Informed Care? - University at Buffalo School of Social Work - University at Buffalo

RESOURCES:

- Mental Health America
- National Association of State Mental Health Program Directors
- Support from the Substance Abuse and Mental Health Services Administration, Center for Mental Health Services (SAMHSA/CMHS).

SELECTED RESOURCES

Substance Abuse and Mental Health Services Administration
National Center for Trauma-informed Care http://www.samhsa.gov/nctic/default.asp
Trauma and Justice Initiatives http://www.samhsa.gov/traumaJustice/

The Anna Foundation
Models for Developing Trauma-Informed Behavioral Health Systems http://www.theannainstitute.org/MDT.pdf

Responding to Childhood Trauma, the Promise and Practice of Trauma-informed Care
http://www.nasmhpd.org/general_files/publications/ntac_pubs/Responding%20to%20Childhood%20Trauma%20-%20Hodas.pdf

Community Connections http://www.communityconnectionsdc.org/

National Center for PTSD http://www.ptsd.va.gov/

National Clearinghouse on Child Abuse and Neglect Information http://nccanch.acf.hhs.gov

Child Trauma Academy www.childtrauma.org

National Partnership to End Interpersonal Violence Across the Lifespan http://www.uncg.edu/psy/npeiv/index.html

Wisconsin Division of Mental Health and Substance Abuse Services, Trauma Services
Contact Elizabeth Hudson Elizabeth.hudson@wisconsin.gov

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[i] SAMHSA, National Center for Trauma-Informed Care. www.samhsa.gove/nctic

[ii] Ibid.

[iii] TheBody.com http://www.thebody.com/content/art48754.html

[iv] Felitti, V.J., & Anda, R.F. (2010) The relationship of adverse childhood experiences to adult medical disease, psychiatric disorders, and sexual behavior: Implications for healthcare. In R. Lanius & E. Vermetten (Eds.). *The hidden epidemic: The impact of early life trauma on health and disease.* Cambridge University Press.

[v] Office of Juvenile Justice and Delinquency Prevention, U.S. Department of Justice. National Survey of Children's Exposure to Violence, October 2009. https://www.ncjrs.gov/pdffiles1/ojjdp/227744.pdf

[vi] Dolezl, T., McCollum, D., and Callahan, M. (2009) Hidden costs in health care: The economic impact of violence and abuse. Eden Prairie, MN: Academy on Violence and Abuse.

[vii] Substance Abuse and Mental Health Services Administration. (2009). *Substance abuse treatment: Addressing the specific needs of women.* Retrieved March 25, 2011, from http://www.ncbi.nlm.nih.gov/bookshelf/picrender.fcgi?book=hssamhsatip&part=tip51&blobtype=pdf

[viii] RAND Corporation. Invisible Wounds of War: Psychological and Cognitive Injuries, Their Consequences, and Services to Assist Recovery, April 2008. http://veterans.rand.org/

[ix] Bryant-Davis, T., & Ocampo, C. (2005). Racist-incident based trauma. *The Counseling Psychologist, 33*, 479–500.

[x] Harvard School of Public Health and Children's Hospital Boston. "Pervasive Trauma Exposure Among US Sexual Orientation Minority Adults and Risk of Posttraumatic Stress Disorder," Andrea L. Roberts, S. Bryn Austin, Heather L. Corliss, Ashley K. Vandermorris, Karestan C. Koenen, *American Journal of Public Health,* online April 15, 2010.

[xi] Jennings, A. (2004). The damaging consequences of violence and trauma: Facts, discussion points, and recommendations for the behavioral health system. Retrieved from http://www.theannainstitute.org/Damaging%20Consequences.pdf

[xii] Adams, E.J. (2010) Healing invisible wounds: Why investing in trauma-informed care for children makes sense. *Justice Policy Institute Policy Brief*.

[xiii] National Center on Trauma Informed Care, Substance Abuse and Mental Health Services Administration. http://www.samhsa.gov/nctic/trauma.asp

[xiv] Envisioning a Trauma-Informed Service System: A Vital Paradigm Shift, Maxine Harris, Roger D. Fallot in New Directions for Mental Health Services, Using Trauma Theory to Design Service Systems, No. 89 Spring 2001, Jossey-Bass

This fact sheet was developed by Mental Health America and the National Association of State Mental Health Program Directors with support from the Substance Abuse and Mental Health Services Administration, Center for Mental Health Services (SAMHSA/CMHS). The views expressed in this document do not necessarily reflect the opinions of SAMHSA/CMHS or any other Federal entity.

RESOURCES

TIP 57 – SAMHSA guide for trauma informed care

- Trauma-Informed Organizations - Trauma-Informed Care in Behavioral Health Services - NCBI Bookshelf (nih.gov)

The Road to Trauma-Informed Care graphic

- What is Trauma-Informed Care? - University at Buffalo School of Social Work - University at Buffalo

SAMHSA Concept of Trauma/Trauma-Informed

- SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach

Trauma Informed- Oregon

- Microsoft Word - TIP_What is Trauma Informed Care (TIC).docx (traumainformedoregon.org)

Compassion Fatigue Symptoms

- Secondary Traumatic Stress | The Administration for Children and Families (hhs.gov)

Trauma Factsheet

- fact-sheet-9---vicarious-trauma.pdf (counseling.org)

Staff Trauma Handout

- Microsoft Word - Building_TSS_Handout_2secondary_trauma.docx (ed.gov)

Information from NorthCare's Trauma Informed Training

Test

Upon closing this window, you will be taken to the test.