

Trauma-Informed Care

101

OBJECTIVES

- ❖ Define trauma
- ❖ Recognize its prevalence and the impact it has on individuals
- ❖ Discuss trauma informed care
- ❖ Identify ways to reduce further trauma

WHAT IS TRAUMA?

According the DSM-5, it is “exposure to actual or threatened death, serious injury, or sexual violence,” whether experienced as the victim or as a witness.

- ❖ A threatening event overwhelms a person’s resources, coping skills, and sense of control, connection, and meaning
- ❖ Often underreported and underdiagnosed
- ❖ A single event or a series of events
- ❖ Something that can affect anyone—any age, gender, race, community, workforce, etc.
- ❖ Personal—individual factors can determine whether a particular event is traumatic

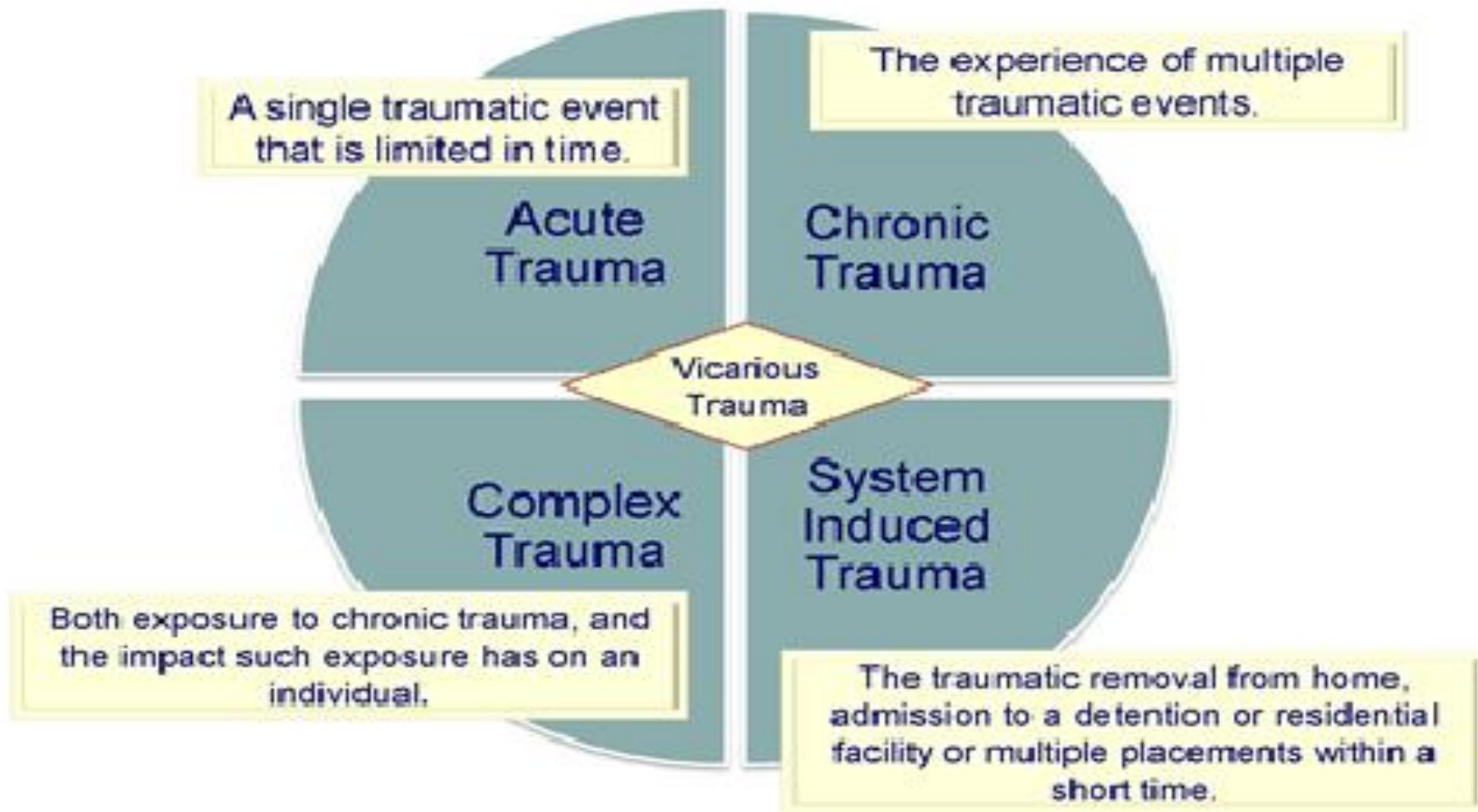


EXAMPLES OF TRAUMA

Trauma can occur from:

- Being in a car accident or other serious incident
- Having a significant health concern or hospitalization
- Sudden job loss
- Losing a loved one
- Being in a fire, hurricane, flood, earthquake, or other natural disaster
- Witnessing violence
- Experiencing emotional, physical, or sexual abuse

TYPES OF TRAUMA



PREVALENCE

- ❖ The majority of patients in psychiatric treatment settings have trauma histories
- ❖ A sizable percentage of people with substance use disorders have traumatic stress symptoms that interfere with achieving or maintaining sobriety
- ❖ A sizable percentage of people in the prison or juvenile justice system have trauma histories
- ❖ Victims of trauma are found across all systems of care

IMPACT OF TRAUMA ON SUBSTANCE ABUSE

- ❖ A child with four or more adverse childhood experiences (or traumas) is 5x more likely to become an alcoholic.
- ❖ A boy with four or more of these experiences is 46x more likely to become an injection drug user than other children.
- ❖ In one of the first studies on addicted women and trauma, 74% of the addicted women reported sexual abuse, 52% reported physical abuse, and 72% reported emotional abuse.

Source: Kaiser Permanente's ACE Study

MENTAL/EMOTIONAL IMPACT

- ❖ Floods us with physical fear and a feeling of helplessness
- ❖ Colors the world as a dangerous, unpredictable place
- ❖ Creates overwhelming emotional chaos
- ❖ Threatens cohesive sense of self
- ❖ Scrambles ability to engage fully in present/adapt to new situations



EMOTIONAL/SOCIAL IMPACT

When trauma occurs early in life, children do not develop the capacity to regulate their experience... to calm themselves down when they're upset, to sooth themselves, to interact in appropriate ways with other people to learn from their behavior.

Margaret Blaustein, 2004
Director of Training,
The Trauma Center at JRI,
Brookline, MA

IMPACT

Trauma can often change your worldview.



...I ALWAYS PUT MY DUCKY IN FIRST.

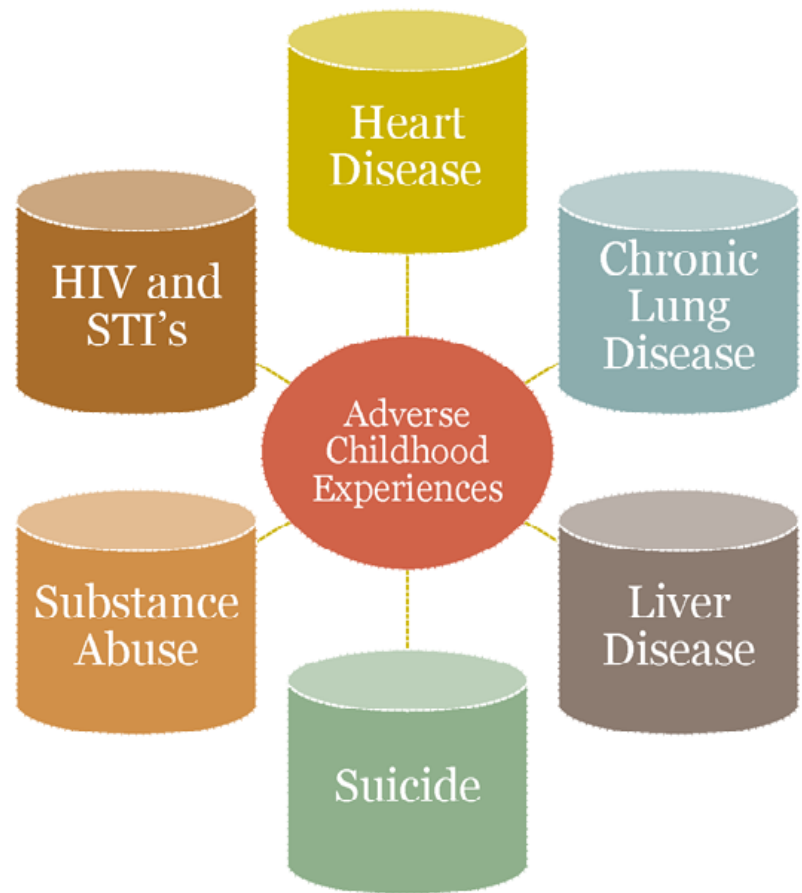


IMPACT

- ❖ Trauma exposure can re-organize a person around the traumatic event.
- ❖ It can become both the defining and organizing experience that forms the core of a person's identity.
- ❖ A whole new meaning system is developed, which informs and guides attempted coping strategies.
- ❖ Trauma changes the whole person, not just parts of them.

PHYSICAL IMPACT

Trauma, even when experienced as a child, can have lifelong, physical consequences that are sometimes severe.



IMPACT

Effects can be biological, psychological, and social:

- ❖ Changes in brain neurobiology
- ❖ Social, emotional, and cognitive impairment
- ❖ Adoption of risky behaviors as coping mechanisms, such as substance abuse
- ❖ Severe and persistent behavioral and physical health problems, social problems, and early death

SUMMARY

- ❖ Exposure to trauma is the rule rather than exception
- ❖ Consider that many individuals bring a lifetime history of trauma (acute and/or chronic) that impacts their current situation
- ❖ This history often results in alteration of brain structure and function



TRAUMA & CARE

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

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

TRAUMA & CARE

There is a growing recognition that trauma has a significant role in mental health, and it is being researched now more than ever. For the latest edition of the DSM, a subsection was created for trauma and stress-related disorders. This has significant meaning for treating patients. For example, PTSD is no longer categorized as an anxiety disorder because its symptoms extend beyond anxiety.



THREE-STAGE CONSENSUS MODEL

There is a general consensus in current trauma literature that addressing trauma should occur in three stages:

1. Stabilization
2. Working through the trauma
3. Reintegration/reconnection with society

SIX STAGES OF CHANGE

According to Prochaska and DiClemente:

1. Precontemplation
2. Contemplation
3. Preparation ↑ Stabilization
4. Action → Working through trauma
5. Maintenance ↓ Reintegration/reconnection
6. Termination

TRAUMA & CARE

Learn coping and affect regulation skills:

- ❖ Pre-emptive Self-care
- ❖ Yoga
- ❖ Exercises:
 - ❖ Grounding
 - ❖ Breathing
 - ❖ Relaxation
 - ❖ Mindfulness

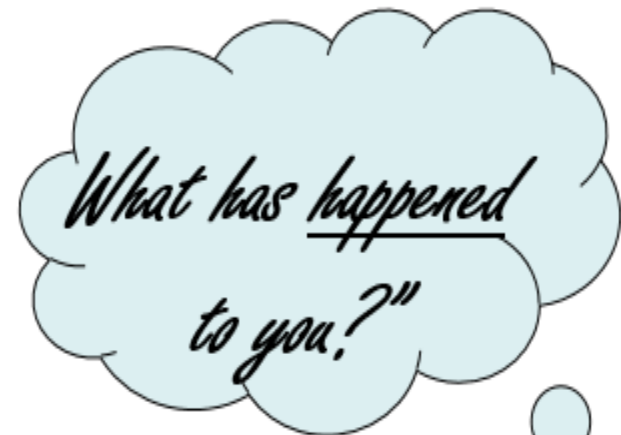


TRAUMA-INFORMED CARE (TIC)

from:



to:



WHAT IS TIC?

Service delivery that is directed by

- ❖ an appreciation for the high prevalence of traumatic experiences in persons who receive mental health services
- ❖ a thorough understanding of the profound neurological, biological, psychological and social effects of trauma and violence on the individual
- ❖ an understanding that each contact after a trauma can hinder, harm, or help healing

TIC: KEY PRINCIPLES

- ❖ Integrate philosophies of care that guide all clinical interventions, based on current literature.
- ❖ Use evidence-based practices that have proven effectiveness through research.
- ❖ Care should be inclusive of the survivor's perspective.
- ❖ Avoid coercive interventions that can cause re-traumatization.

TIC: KEY FEATURES

- ❖ Valuing the consumer in all aspects of care
- ❖ Neutral, objective and supportive language
- ❖ Individually flexible plans and approach
- ❖ Avoid shaming or humiliation at all times
- ❖ Awareness/training on re-traumatizing practices



TIC IN PRACTICE

- ❖ Assess for traumatic histories and symptoms.
- ❖ Keep in mind the patient's culture.
- ❖ Minimize power and control struggles by emphasizing patient autonomy.
- ❖ Be a supportive caregiver (collaboration vs compliance).
- ❖ Use objective and neutral language. Avoid labeling.

TIC: KEY VALUES

