



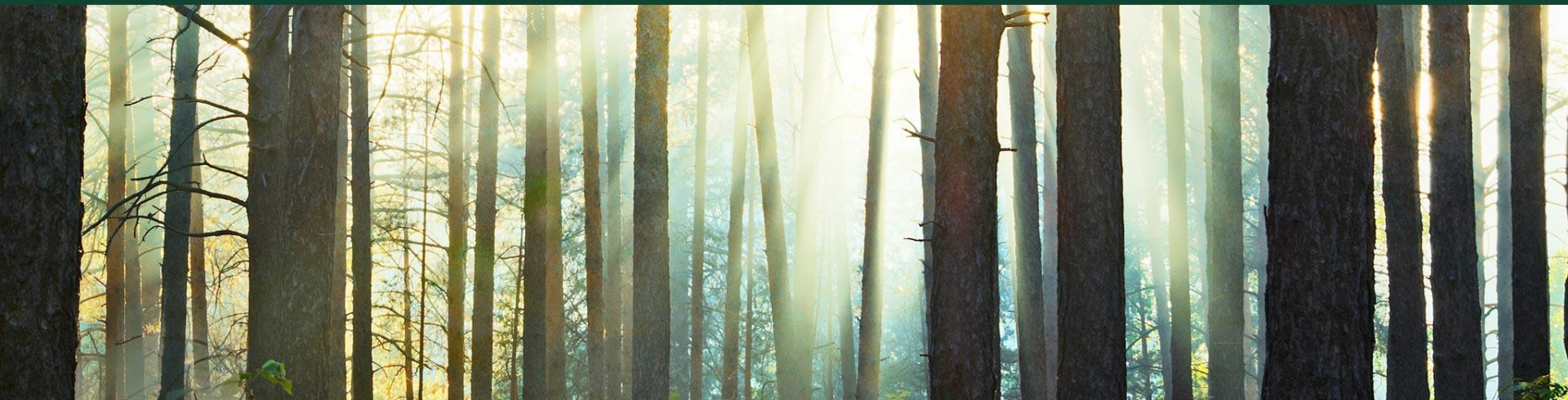
Pine Grove

Behavioral Health & Addiction Services

Forrest Health®

Trauma Informed Care

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Objectives

- Define trauma informed care and understand the critical elements of its practice.
- Understand how to recognize trauma and establish appropriate responses.
- Identify symptoms of vicarious trauma and adaptive coping methods.

What is Trauma Informed Care?

Takes a trauma-informed approach to the delivery of behavioral health services that includes an understanding of trauma and an awareness of the impact it can have across settings, services, and populations. TIC involves vigilance in anticipating and avoiding institutional processes and individual practices that are likely to retraumatize individuals who already have histories of trauma. TIC upholds the importance of consumer participation in the development, delivery, and evaluation of services.

3 Key Elements of Trauma Informed Care

- Realizing the prevalence of trauma
- Recognizing how trauma affects all individuals involved with the organization or system
- Responding by putting this knowledge into practice

Critical Steps for Trauma Informed Care

1. Meeting patients in a safe, collaborate and compassionate manner
2. Preventing treatment practices that re-traumatize people
3. Building on the strengths and resilience of patients in the context of their environments and communities
4. Endorsing trauma informed principles through support, consultation & supervision of staff

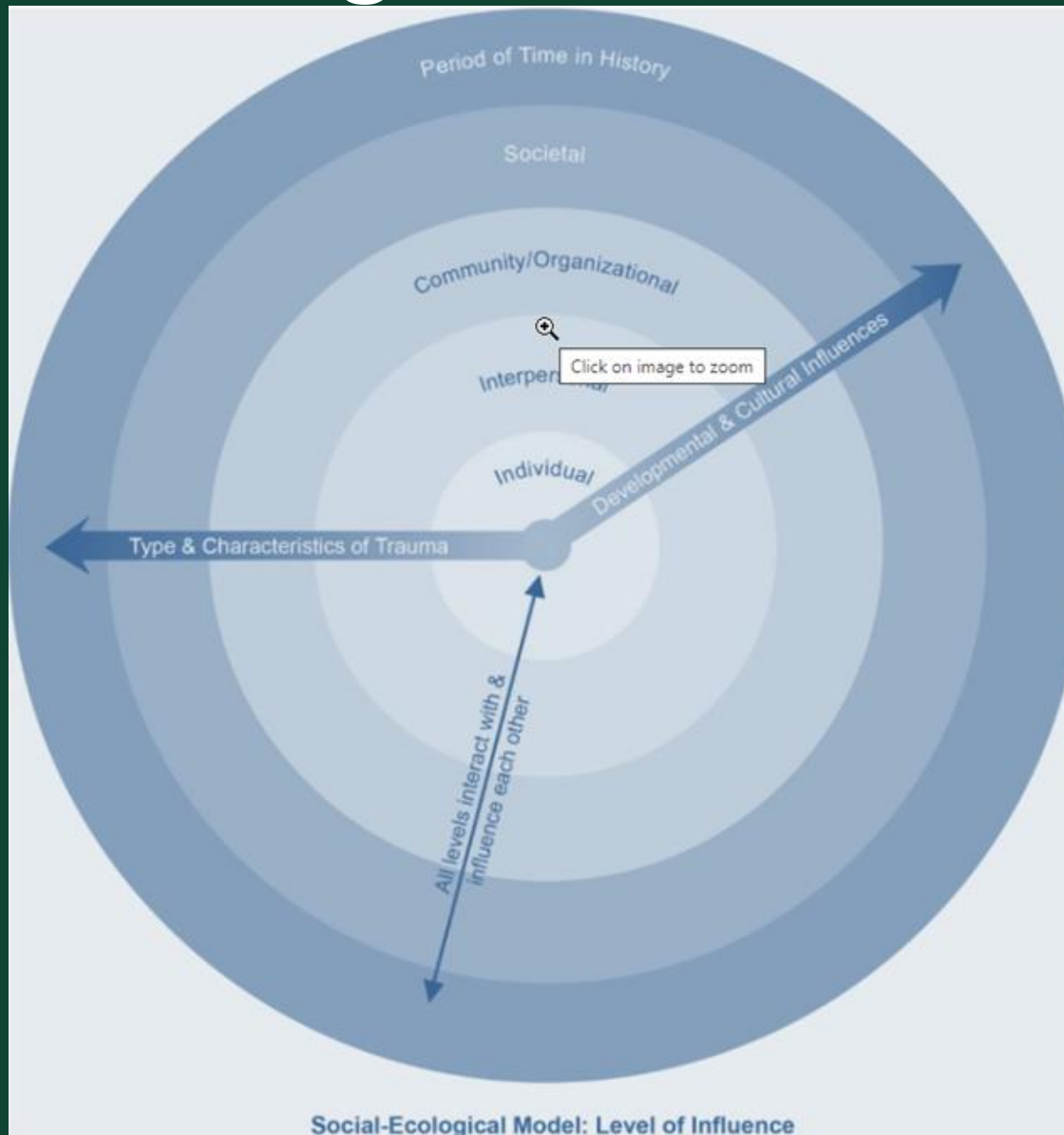
Understanding Traumatic Stress Reactions

- How one adapts or copes in the presence of stressors
- Survivors cope with traumas in a variety of ways that may create impairment
- Shapes how individuals respond to the environment, treatment services, and their relationships
 - Sense of safety
 - Sense of self-competence
 - View of future

Pathological Vs. Adaptive

- Taking time to see the presenting symptoms and behaviors through the lens of the trauma
- Begin to view traumatic stress reactions as **NORMAL** reactions to **ABNORMAL** situations
- Responses reflect creativity, self-preservation and determination

Social-Ecological Model



GUIDING PRINCIPLES OF TRAUMA INFORMED CARE

Safety

- The physical setting provided is safe, and the interpersonal interactions further promote that sense of safety.
 - Avoid belittling/disrespectful language with patients
 - Be mindful of physical touch and only use when necessary, appropriate, and not harmful
 - If concerns are brought up by patients about the environment, discuss with the organization about potential changes

Trustworthiness & Transparency

- The organization's operations and decisions need to be based on trust and transparency.
 - Answer questions openly and when you don't know an answer to a question, be willing to say I don't know and will need to look into that
 - Inform patients of what to expect, what will happen next
 - Be consistent in your responses to patients
 - If something doesn't make sense to a patient, openly encourage them to bring these questions up with providers

Peer Support

- Peer support is a key vehicle for establishing safety, building trust, enhancing collaboration and utilizing lived experience to promote recovery and healing.
 - Help encourage patients to attend support group meetings if available
 - When you see patients isolating, encourage them to use peer support
 - If you see bullying behavior from other patients, report this immediately so it can be addressed

Collaboration and Mutuality

- The effectiveness of mutual decision-making and sharing of power is harnessed.
 - This concept highlights the role everyone in an organization plays in providing trauma-informed care.

Empowerment and Choice

- A focus on recognizing, empowering, and building upon the strengths and experiences of trauma-impacted individuals.
 - Recognize different strengths of patients and give encouraging words
 - Recognize that patients have treatment options and providers are there to meet their needs
 - Offer options when there is a refusal to engage by the patient

Cultural, Historical and Gender Issues

- Organizations need to make an effort to move past cultural stereotypes and biases; utilizing policies, protocols and processes that respond to racial, ethnic and cultural needs.
- Understanding our own cultural beliefs and biases and how those beliefs affect one's attitudes toward people of other cultures.
 - This is rooted in respect, validation, and openness toward someone whose social and cultural background is different from one's own

Tips to Prevent Re-Traumatization

1. Learn as much as you can
2. Grow your skill of attunement – listen to your gut
3. Look for the causes of behaviors
4. Use person-centered, strength-based thinking and language
5. Provide consistency, predictability and choice-making opportunities
6. Debriefing with team

RECOGNIZING TRAUMA

PTSD

- A. Exposure to actual or threatening event
- B. Experience of intrusive, distressing memories/dreams/flashbacks
- C. Avoidance of stimuli associated with event
- D. Negative alterations in cognitions & mood
- E. Reactivity associated with traumatic events

Complex PTSD

- Typically the result of exposure to repeated or prolonged instances or multiple forms of interpersonal trauma, often occurring under circumstances where escape is not possible due to physical, psychological, maturational, family/environmental, or social constraints (Herman, 1992)
- Results in problems with:
 - Behavior: impulsivity/aggressiveness/substance use/sexual acting out
 - Emotion: affect lability/rage/depression/panic
 - Cognition: dissociation/forgetfulness
 - Interpersonal difficulties
 - Somatization

Common Struggles with CPTSD

- Denial and minimization
 - Children desperately want to believe parents love them
 - survival
- The realities of verbal and emotional abuse
 - Someone else “had it much worse than me”
 - “Ongoing assault with critical words systematically destroys one’s self-esteem and replaces it with toxic inner critic that incessantly judges us as defective.”
(Walker, 2013)
 - This fear and shame then blocks one from asking for attention, which ultimately leads to isolation.

Adverse Childhood Experiences

Abuse



Physical abuse



Sexual abuse



Verbal abuse

Neglect



Emotional neglect



Physical neglect

Growing up in a household where:



There are adults with alcohol and drug problems



There are adults with mental health problems



There is domestic violence



There are adults who have spent time in prison

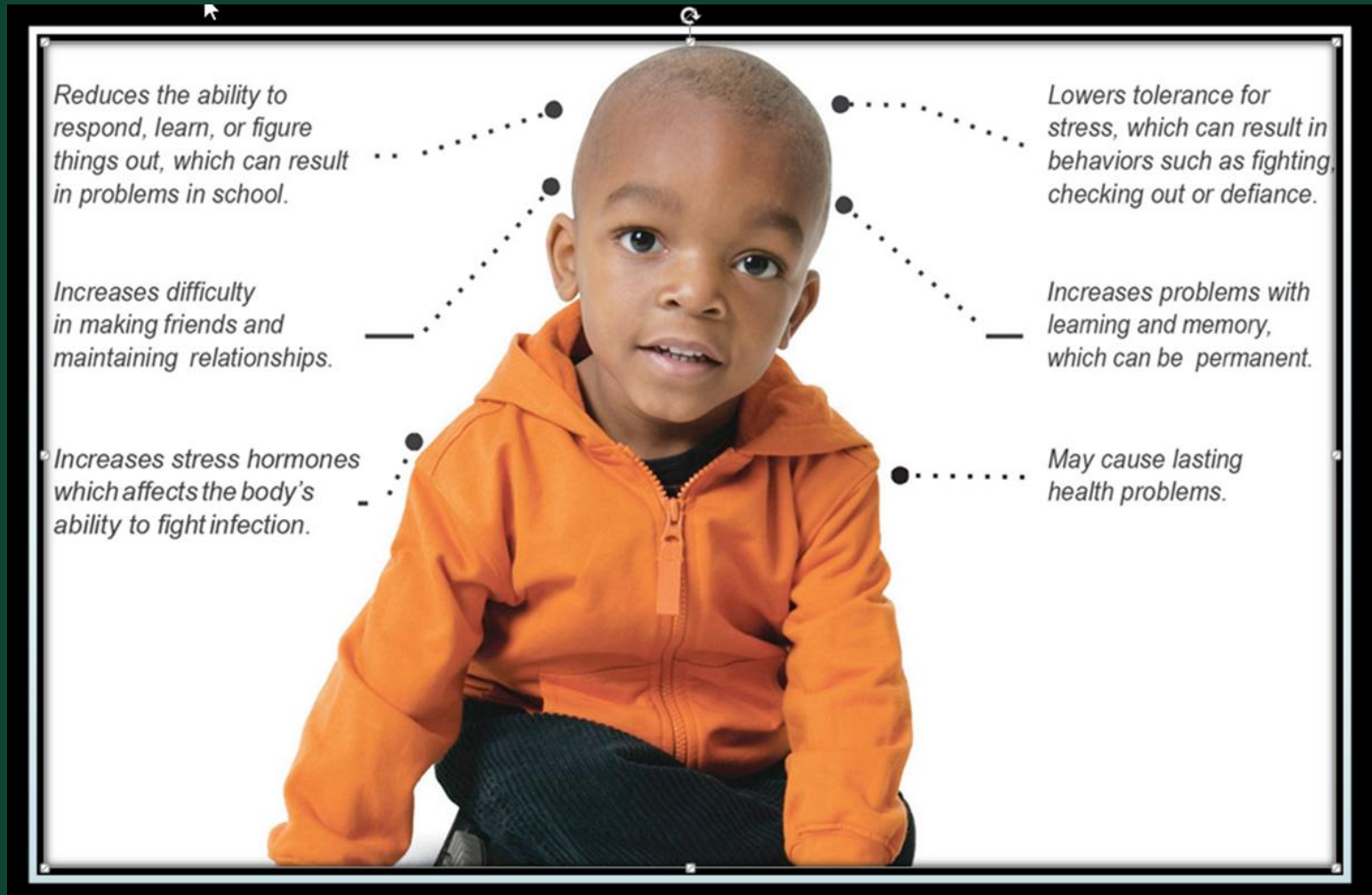


Parents have separated

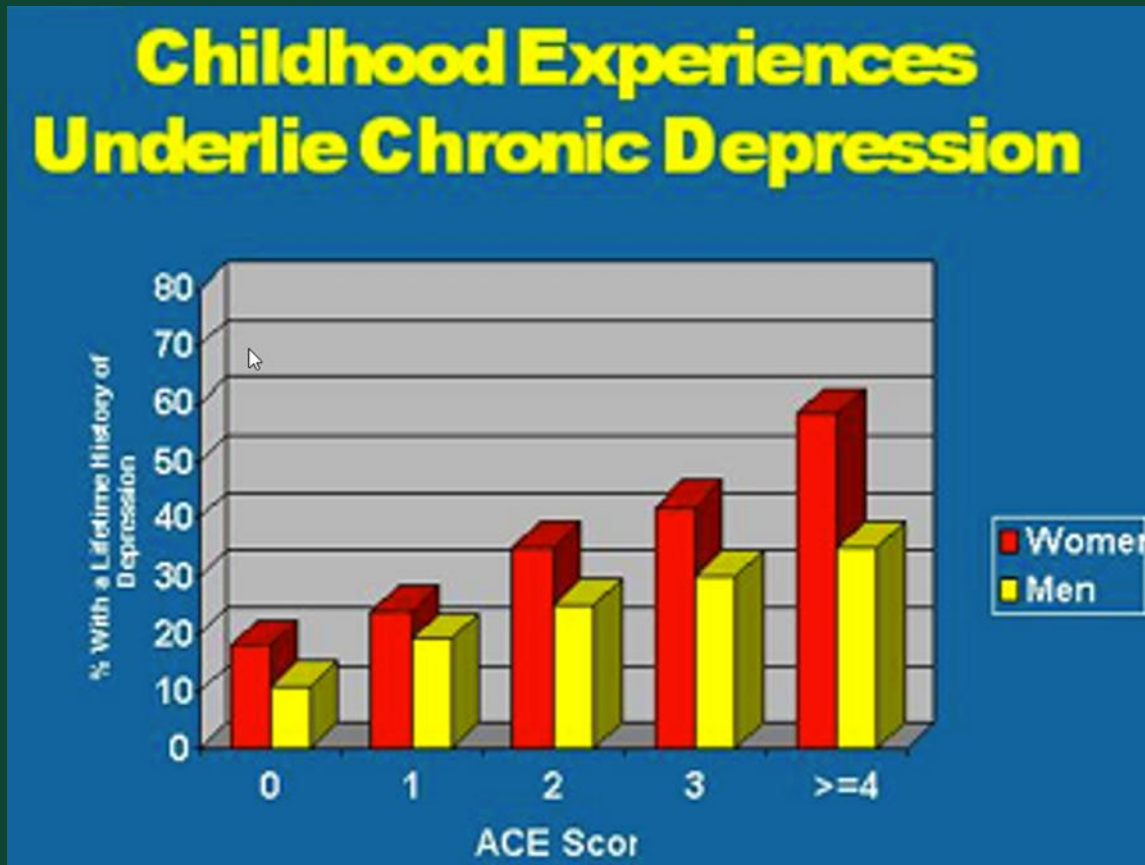
Adverse Childhood Experiences

- 2/3 of population has at least 1 ACE
- 1 in 6 (2021 data) shows 4 or more ACEs
 - 4x greater risk of alcohol abuse
 - 7x greater risk of drug use
 - 4.5x greater risk of depression
 - 12x greater risk of suicide
- Higher ACE scores correlated with:
 - Higher rates of dementia
 - Higher rates of Alzheimer's Disease
 - Rapid cognitive decline-accelerated ageing process

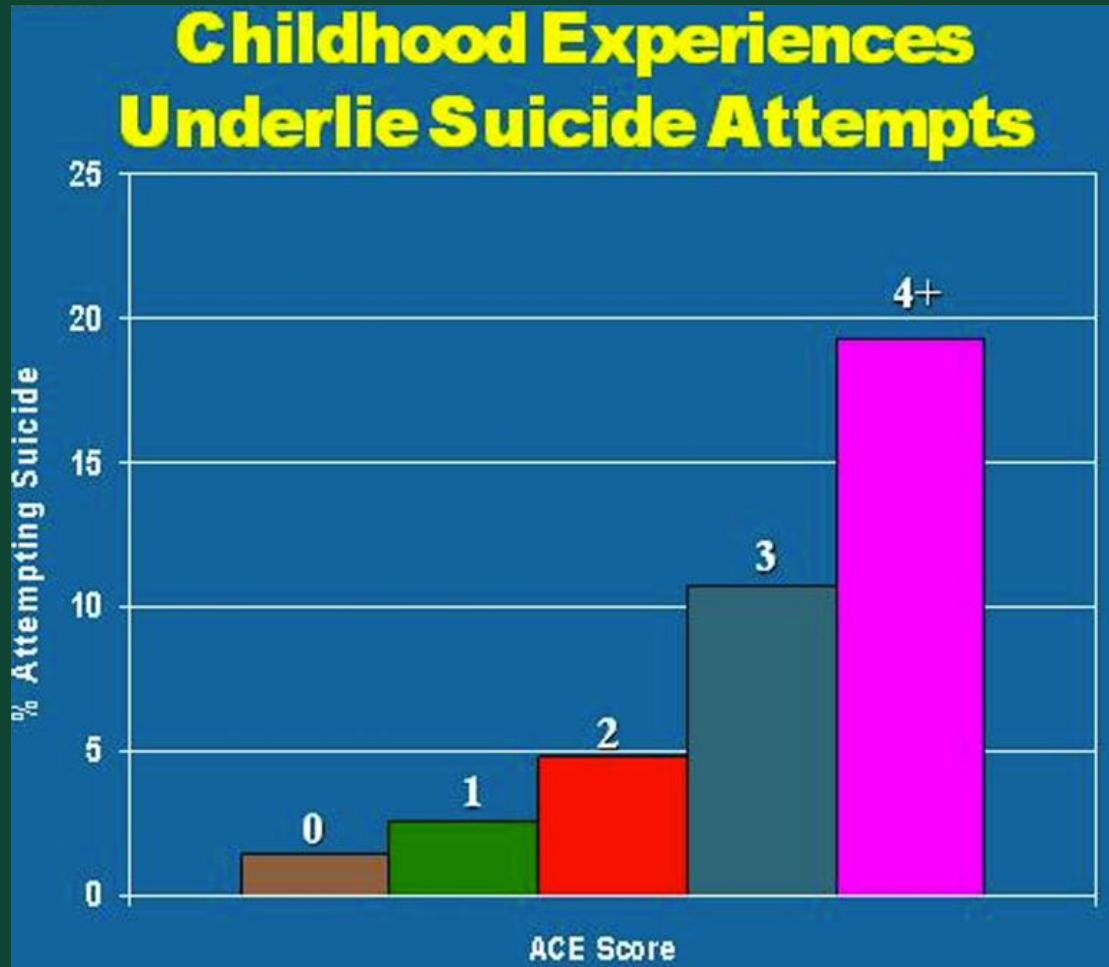
ACEs Impact on Children



ACE Scores



ACE Scores



WHAT IMPACT DO ACEs HAVE?

As the number of ACEs increases, so does the risk for negative health outcomes



Possible Risk Outcomes:

BEHAVIOR



PHYSICAL & MENTAL HEALTH



What to look for?

- Trauma symptoms may present in a variety of environments, in various ways
- They often don't look “like trauma”
 - Grow up like an adult
 - Walk and talk like an adult
 - Underneath an empty, needy child

How trauma may present

- Trauma reactions
 - Psychological/physiological reactions from prior trauma experiences
 - Intrusive memories/thoughts
 - Flashbacks
 - Panic like symptoms or extreme anxiety
 - Intense emotional reactions to seemingly minor events/interactions
 - Reckless, impulsive behaviors

How trauma may present

- Impact to cognition/mood
 - Self-blame
 - Ongoing negative emotional state (depression, anger, shame, etc.)
 - Overwhelming self-hatred/unworthiness
 - Detachment/isolation
 - Struggle to experience positive emotions
 - “I am bad.”
 - “You can’t trust anyone.”
 - “The world is dangerous.”

How trauma may present

- Trauma Blocking
 - Efforts to block out or numb emotions related to trauma
 - Overworking
 - Excessive sleeping
 - Overeating
 - Social media
 - Shopping
 - Addictive behaviors

How trauma may present

- Trauma repetition
 - Repeating behaviors and/or seeking out situations or relational dynamics that recreate the trauma experience
 - Typically an unconscious effort to ‘resolve’ the trauma
 - Associated with complex PTSD/attachment issues

How trauma may present

- Overcontrol/regulation
 - Perfectionism
 - Rigidity
 - Disordered eating
 - Excessive exercise

How trauma may present

- Trauma Bonds
 - Dysfunctional attachments that take place in the presence of danger, exploitation, etc.
 - Unstable relationships
 - Abusive dynamics
 - Codependency

How trauma may present in the workplace

- Disruptive behavior at work
- Difficult relationships with colleagues
- Burnout
- Poor professional boundaries
- Noncompliance with regulations
- Difficulty accepting feedback

THE HEALING

Healing—What to Know

- Increase awareness of trauma symptoms
- Accept trauma and associated emotions
- **Realize that trauma reactions came from an attempt to survive in an extremely stressful situation.**
 - Reaction becomes problematic when it arises in a benign situation and/or causes consequences for the individual.

Healing-What to Do

- Long term therapeutic intervention might be needed
 - Evidence-based trauma treatments
 - Address associated issues (addictive behaviors, eating disorders, etc.)
- Therapy, AA/NA,
- Communicate with others openly, honestly
 - Tell on our trauma – reduces shame
- Identify and correct maladaptive behavior patterns
- Identify and correct irrational and maladaptive thought processes
- Adapt new, healthy coping skills, behaviors, thought patterns – change negative core belief
- Talk About It!

Healing the Healer

- Vicarious Trauma
 - Impact of secondary exposure to trauma
 - Risk for all helping professionals
 - Sometimes referred to as the ‘cost of caring’
 - Leads to changes in psychological, physical, and spiritual well-being

Vicarious Trauma

- Potential risk factors:
 - Prior trauma history
 - Isolation
 - Lack of support
 - Avoidance of emotions
 - Difficulty expressing emotions
 - Lack of preparation/training
 - Lack of experience
 - Consistent exposure with limited variation in tasks

Vicarious Trauma

- Symptoms:
 - Emotional reactivity or emotional numbness
 - Fatigue/difficulty sleeping
 - Increased irritability
 - Physical symptoms
 - Difficulty concentrating
 - Lack of enjoyment in work
 - Hopelessness, loss of sense of purpose/meaning
 - Apathy
 - Excessive anxiety
 - Other trauma symptoms

What to do

- Take care of yourself!!
 - Finding work-life balance
 - Take your time off
 - Boundary setting
 - Therapy
 - Support groups
 - Healthy eating, exercise
 - Pursuing interests
 - Yoga/mindfulness
 - Journaling
 - Building professional support group

Building support within the workplace

- Discussing vicarious trauma as part of supervision/training
- Increasing awareness of risks and signs of vicarious trauma
- Allowing flexible work schedules/protecting down time
- Creating time and a physical space at work for reflection
- Creating culture of open communication and collaboration
- Referring to therapeutic and professional assistance, when appropriate

Questions?

- Thank you!

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