Trauma-informed care: An introduction for providers

Introduction

Hello, and welcome to the trauma-informed care introduction training for providers.

Today we will introduce you to the foundational elements of trauma and trauma-informed care.

There are 5 lessons.

Lesson 1 – assumptions of trauma; lesson 2 – realizing the widespread impact of trauma; lesson 3 – recognizing signs and symptoms of trauma; lesson 4 – recovering from trauma and lesson 5 – connecting to trauma-informed care.

By the end of this training, you will be able to:

- Define trauma and describe the different types of trauma that may be experienced
- Describe the global impact of trauma to a person's physical, mental, emotional and social health
- Describe the purpose and value of a trauma-informed care (TIC) approach
- Discuss the importance of trauma-informed care within our workforce and among the people we serve
- Explain neuroplasticity and protective factors as they relate to trauma and resiliency
- List ways in which you can embrace trauma-informed care and identify skills needed to do so

Before we go any further, I would like to take a moment to honor your experiences. I recognize that trauma is a sensitive topic. If at any time you need to step away, you're welcome to.

Let your immediate supervisor or attending know if you feel unable to complete this training.

Assumptions of trauma

As we begin our training, it is important to level-set on four basic assumptions of trauma.

Our first assumption is that trauma is common.

So common, in fact, that 70% of adults in the US report experiencing some type of traumatic event at least once in their lives. That is approximately 223.4 million people.[1]

Our second assumption is that trauma is a widespread public health problem.

Let's explore this concept together.

Trauma is pervasive, meaning that it spreads throughout all areas and all groups of people.

It can be found in affluent areas, in good school districts and among otherwise healthy-looking individuals. It can be found inside the workplace among colleagues and staff, around our communities and inside our very own homes.

Trauma is diverse, meaning that it has no boundaries with regards to age, gender, socioeconomic status, race, ethnicity, geographical location or sexual orientation; nor is it experienced exactly the same by any two people.

Trauma is misunderstood, meaning that it is underdiagnosed, misdiagnosed, mistreated and all too often overlooked as a component of health.[2]

Despite being so common and widespread, trauma being misunderstood has led us to our third assumption: Our current service systems designed to provide trauma support are often trauma-inducing.

For example, the practice of restraining or secluding people in the behavioral health system, harshly disciplining in the educational system and conducting invasive procedures in the medical system all have the potential to re-traumatize those who have already had significant histories of trauma.

While trauma is common and widespread, and our current system of dealing with it falls below the mark, this is *not* the end of the story, because our fourth assumption is that with the appropriate set of supports and interventions, people can and *do* overcome trauma.

But how do we ensure this happens?

What can we do to mend our inadequate systems?

What kinds of supports and interventions are we talking about?

And how are you supposed to know what to do to help?

These are all great questions. Throughout this training, we will be covering a variety of topics designed to equip you with the answers and skills necessary to begin helping yourself and the people we serve.

It all starts with trauma-informed care.

Before we go any further, I would like to introduce you to an agency that has made huge strides in advancing the cause of trauma-informed care.

Substance Abuse and Mental Health Services Administration, or SAMHSA, is the agency within the US Department of Health and Human Services that leads public health efforts.

Their mission is to reduce the impact of substance abuse and mental illness on America's communities.

It is important to note here that people with traumatic experiences show up, not only in the behavioral health system but in the criminal justice system, the welfare system, the primary care system and many others. **Remember, trauma affects everyone**.

Let's review SAMHSA's key assumptions of trauma-informed care.

- A program, organization or system that is trauma-informed realizes the widespread impact of trauma and understands potential paths for recovery.

- It recognizes the signs and symptoms of trauma in clients, families, staff and others involved in the systems.
- It responds by fully integrating knowledge about trauma into policies, procedures and practices.
- It seeks to actively resist re-traumatization. [3]

Realizing the widespread impact of trauma

As we will continue to emphasize throughout this training, trauma impacts everyone: adults, children, healthcare recipients, healthcare workers, friends, family, colleagues — everyone.

Educating on a topic that is so widespread may seem like a large task, so we are going to take it one step at a time. And, we're starting with understanding trauma.

After all, before we can create trauma-informed systems of care, we have to make sure that all the people working in the care system are, themselves, trauma-informed.

When defining trauma, it is incredibly important to talk about *who* defines trauma.

A doctor, nurse, behavioral health technician, pharmacist or other service provider does *not* define what might or should be considered traumatic by others**. Trauma is defined by the individual who experienced or is experiencing it.**

This is why in our definition of trauma, we call it "individual trauma." We align ourselves with SAMHSA and define it using the "3 E's."

We say that individual trauma results from an *event*, series of events or set of circumstances that is *experienced* as overwhelming or life-changing by the individual and has a profound *effect* on them and their life.[4]

When we define trauma, it is important to point out that people are not only traumatized by things that happen to them but may also be traumatized by witnessing something traumatic happen to someone else.

We are going to look at four different types of trauma: historical, physical, emotional, environmental. As we review the categories and examples of each, keep in mind that people may have experienced all the traumas you see here. For example, a WWII veteran may have historical trauma from the horrors of the holocaust, physical trauma from the loss of a limb in battle, emotional trauma from the loss of combat mates and environmental trauma from the terrors of war violence.

Historical trauma: trauma that passes on through generations. Examples include:

- Holocaust survivors
- Great Depression (other economical repressions)
- Refugee camps

Physical trauma: trauma that occurs to one's physical body. Examples include:

- Violence, sexual abuse, neglect
- Accidents
- Chronic condition diagnoses

Environmental trauma: trauma that occurs in one's outside world. Examples include:

- Natural disasters
- War or terrorism

Emotional trauma: trauma that occurs to one's connectedness to others. Examples include:

- Divorce
- Domestic abuse
- Loss of any kind (death, deportation, prison, etc.)

As we just saw, there are many types of trauma.

In the world of trauma-informed care, traumatic stresses are referred to as "adverse experiences."

There are three main categories of adverse experiences.

- Household stressors
- Abuse
- Neglect

When we say "household stressors," we are referring to:

- Substance use among household members
- Parental separation or divorce
- Mental illness among household members
- Domestic violence among household members
- Criminal behavior or incarceration among household members.

When we say "abuse," we specifically mean sexual, physical and psychological abuse.

And, when we say "neglect," we specifically mean emotional neglect and physical neglect.

These concepts are important to understand before we move further in our trauma-informed care conversation, so let's take a moment to review some real-world examples.

Examples of Household Stressors

Jody's mom drinks to the point of blacking out several times a week.

Jack's father was arrested for using drugs and Jack witnessed the police taking him away.

Examples of Abuse

When Uncle Mike came over last week, he touched Ava on several body parts and told her not to tell her mom.

Mindy knocked over a vase in the dining room. As punishment, her mom withheld dinner the next three nights.

Example of Neglect

Nicky, a toddler, is left alone for 3-4 hours daily while his mother works her second job

As we continue to review examples of trauma, we can begin to see how trauma is life-shaping.

Trauma's ability to shape a person stems from its ability to impact a person. Understanding and being empathetic towards that impact is critical to practicing trauma-informed care.

And practicing trauma-informed care is critical because when trauma goes unaddressed, it significantly increases the risk of developing mental health disorders, substance use disorders and chronic physical diseases.[5]

This is because, when youth experience trauma, their brain literally forms a different understanding of safety and normalcy, leading to changes in brain activity.[6]

Let's watch a short video, *Through Our Eyes*,[7] and understand a bit more.

Back in the late 1990s, the Center for Disease Control (CDC) and Kaiser Permanente teamed up to study the effects of trauma in the Adverse Childhood Experiences, or ACEs, study.

They developed a survey asking some 14,000 commercially insured adults to identify the presence or absence of a variety of adverse situations that could have occurred during their childhood. The CDC and Kaiser then analyzed the responses and compared the number and severity of reported ACEs to the presence or absence of risky behavior and disease in adulthood.[8]

The single most significant finding from the ACE study was that the number of adverse childhood experiences reported was positively correlated with the number and severity of adult health problems reported.

Simply put, the more adverse childhood experiences a child sustained, the worse their overall health was as an adult.

And, 67% of adults reported at least one adverse childhood experience.

There were, however, no significant findings between gender or ethnicity in this study, further supporting the fact that trauma affects everyone across the age, gender, ethnic and socio-economic continuum.

Let's watch a video to learn more: How adverse childhood experiences affect adult illness.

As you can imagine, studies have continued since the 1990s.

What do you think they found?

Over 1,500 peer-reviewed studies have replicated the original ACE study's findings.[9]

- 1 in 4 children report abuse or neglect.

- 1 in 10 children report assault-related physical injury in the last 12 months.
- 13 of the 30 children in a classroom have experienced at least one ACE.

Throughout the last 30 years of studies, the top three most frequently reported adverse childhood experiences have been:

1. Substance use among household members (28%)
2. Parental separation or divorce (25%)
3. Physical abuse (23%)

And those are just the ones we know about.

As you might imagine, these and other traumatic events may be difficult to openly discuss out of fear from the perpetrator or social stigmas, so we can't be sure that all instances are even documented.

Recognizing signs and symptoms of trauma

Knowing that trauma is so impactful and that the documented cases, while staggering, may not even represent the full number of cases, it is imperative that we recognize trauma when it presents itself in our homes, communities and workplaces.

Let's review some more statistics.

- 40% of youth (ages 0 – 17) have been exposed to crime, violence and abuse either directly or indirectly.[9]
- 25% of American children will witness or experience trauma before the age of four.[9]
- In the United States, a woman is raped every 6 minutes,[10] and hit every 15 seconds.[10]
- And one in seven men experiences severe physical violence by an intimate partner in their lifetime.[11]

Sometimes trauma is very evident, as in the bruises of physical abuse. But often in our work and personal spaces, it presents in a much quieter way.

Here are examples of situations that could be present in our work or personal spaces.

- A child who suffers from maltreatment or neglect at home may not be able to concentrate on schoolwork.
- A woman victimized by domestic violence may miss work frequently and lose her job.
- A mother of two recently returned from military tour has stayed in her room and does not play with her boys like she used to. The younger brother was very young when his mom left and doesn't remember her any differently; but the older brother believes the change in her behavior is because he has been a bad child.
- A sexually abused teen may engage in self-injury or high-risk behaviors to cope.
- A veteran may use substances to cope with the trauma witnessed in combat.

In addition to being aware of trauma in our homes and communities, we're even more likely to encounter trauma due to increased prevalence rates among the vulnerable populations we serve.

- 93% of children in detention centers report significant exposure to adverse events.[12]
- 50% of women in substance use treatment have a history of rape or incest.[13]
- 97% of homeless women with severe mental illness have experienced physical and sexual abuse; 87% of those women experienced the abuse both in childhood and adulthood.[14]

How trauma can show up in our members

While those statistics are staggering, knowing about the numbers is not enough. We must educate ourselves on how trauma can actually show up in our members.

- Meet Sally. Sally is one of our long-term care members who experienced abuse at the hands of a previous caregiver and is now reluctant to allow us to coordinate her care.
- Meet Ted. Ted recently lost his son in a car accident. He is re-experiencing trauma from many years ago while also dealing with the loss of his son. On top of this, he is experiencing an aversion to traveling in a vehicle and won't get involved in any day programs that may help him stay engaged.
- Meet Charlotte. Charlotte is one of our members in foster care who was abused by a previous foster family and now has difficulties engaging with her provider due to an aversion of the physical touch necessary for routine exams.
- Meet Beth Ann. Beth Ann recently dealt with a family member overdosing on opioids and is now hesitant to follow a treatment plan that includes pharmaceuticals.
- Meet Grant. Grant grew up severely impoverished and now has trouble connecting to others. He has difficulty asking for help and is defensive when speaking to providers because he doesn't believe they will truly help.

Trauma is pervasive, diverse and life-shaping, and, yet, as we said earlier, trauma is misunderstood.

Mostly, trauma is misunderstood because it is so diverse. Remember, trauma is defined by the person experiencing it, so it looks and feels differently for each of us.

We have a duty, as healthcare workers and as fellow humans to understand trauma, because trauma is not about statistics, trauma is about people.

What we are really saying here is that to be *trauma-informed* means to be *people*-informed.

And, one person it is very important to be trauma-informed about is yourself!

Encountering increased rates of trauma among members means that you are also more likely to encounter something we call vicarious trauma.

Let's watch this short video to learn more.

Impacts of trauma

As you saw earlier in the short video on childhood trauma, trauma does not just harm the child physically or emotionally, it also harms their developing brain causing cognitive, behavioral and social, physical and psychological complications.

Let's review examples of each.

Cognitive impacts

- Intrusive thoughts
- Nightmares
- Poor concentration
- Occasional disorientation or confusion

Behavioral and social impacts

- Learning problems; e.g., dyslexia
- Social isolation and withdrawal
- Trouble making friends or showing affection
- Developmental delays; e.g., delay in speech, movement, motor skills
- Low graduation rates
- Lack of interest in previously enjoyed activities
- Outbursts or tantrums

Physical impacts

- Changes in sleeping and eating patterns
- Rapid heart rate
- Aches and pains throughout the body; e.g., stomach aches, headaches
- Extreme alertness; on the lookout for danger around every corner
- Viral infections and autoimmune diseases
- Obesity and diabetes
- Teen pregnancy
- Changes in pubertal timing; e.g., early development or stunted growth

Psychological impacts

- Emotional avoidance
- Guilt
- Shame
- Anger or irritability
- Anxiety and panic attacks
- Mood swings

Like children, adults reporting a high number of ACEs experience a broad spectrum of impacts.

There are behavioral and cognitive health impacts.

Social impacts.

And physical health impacts.

Let's review each.

Behavioral and cognitive health impacts

- **30x higher** rate of suicide attempts and predisposition to
- Alcohol, tobacco and other drug addiction; along with
- Depression, anxiety, other mental illnesses
- Mood swings
- Anger and irritability

Social impacts. Adults with multiple ACE's are predisposed to:

- Multiple divorces
- Intimate partner violence
- Work problems (absenteeism, etc.)

Physical health impacts

- Shortened life span by up to **20 years** (for those reporting 6 ACEs):
- **11x higher** rate of Alzheimer's disease
- **3x higher** rate of Chronic Obstructive Pulmonary Disease (COPD)
- **2x higher** rate of Heart disease and cancers
- **1.5x higher** rate of Diabetes; along with a predisposition for
- Auto-immune diseases
- Sexually transmitted diseases
- Liver disease
- Obesity
- Stroke
- Skeletal fractures

One thing you may or may not have recognized about the lists you have just seen is that the top five ACE-related health concerns, *heart disease, cancer, COPD, Alzheimer's and suicide,* actually appear on the CDC's Top 10 leading cause of death for adults in the United States.

Recovering from trauma

As we just saw, regardless of when it occurs, trauma can and does impact people throughout their lifetime.

And, while it is true that trauma rewires the brain, predisposing it to the complications we just saw, it is also true that the brain can rewire itself countless other times in order to heal.

The medical term for the brain's ability to heal is "neuroplasticity."

According to the American Heritage Medical Dictionary, neuroplasticity is the ability of the brain to change in structure or function in response to experience.[15]

Let's watch a short video on neuroplasticity and learn more.

As you heard in the video, neuroplasticity requires choice.

The person must choose to begin thinking and acting differently so that the new pathways can get built.

And, as anyone that has ever tried to diet or start exercising knows, choosing to do something good for ourselves is a lot easier to talk about than it is to actually do.

The traumatic experiences people undergo and the pervasive ignorance about trauma in our systems of care create barriers to choosing ways of life that help our brains heal.

That's because trauma can make us feel powerless in our own lives. Figuring out what needs fixed first and how to begin fixing it is often an overwhelming and daunting task.

The good news is that we were not meant to go it alone! Helping others recapture their power is a hallmark of trauma-informed care. This is where protective factors come into play.

Protective factors are characteristics that exist within a person, a community, a family or other social institution that reduce the negative impact of adverse experiences and – in the best of cases, lower the likelihood an adverse experience will occur at all.

Examples include: the presence of mentors and support for development of skills and interests; exposure to opportunities for engagements within the school and community; and environments that promote general physical and psychological safety.

Protective factors allow us to rise above adverse experiences and generate something called *resiliency*.

Resiliency is the ability to bounce back from our adverse events.

According to SAMHSA, it refers to the ability of an individual, family or community to cope with adversity and trauma and adapt to the challenges or change.

Resilient people are those people who see challenges, mistakes and setbacks not as failures but as opportunities for growth.

They tend to have a strong sense of commitment at work, at home and in social relations.

They also consistently exhibit a sense of empowerment and confidence in handling their life.

Protective factors and resiliency work together to equip us with the courage and mindset needed to make decisions to act differently and to think differently.

As we begin, slowly, one day at a time acting and thinking in a new way, we trigger the brain to start carving out those new roads like we saw in the video.

Over time, the repetition shrinks the old neural pathways and strengthens the new ones, making it easier and more natural for the person to respond in a new, positive way.

Connecting to trauma-informed care

Connecting to trauma-informed care is all about our efforts to address and integrate SAMHSA's key assumptions.

Recall from earlier that trauma-informed care *realizes, recognizes, responds* and *resists re-traumatization.*

Talking about trauma and how we can integrate what we have learned is crucial to implementing trauma-informed care, but this is not an easy task, and there is no quick fix.

We must be diligent and committed to learning new skills in order to further the cause.

In this lesson, we will review three basic skills you need and will have as your takeaways from this training.

Skill 1 – Knowledge

Thanks to the previous lessons of this training, you have the first skill: knowledge on trauma.

- You know what trauma is.
- You can identify specific adverse experiences that are measured in trauma-informed care.
- You can speak to how common, widespread, yet misunderstood trauma is.
- You can recognize the impact of trauma all around.

Skill 2 – Participating in the paradigm shift

Trauma-informed care is not so much a program, but rather, a paradigm shift, a shift in our perspectives. So, the second thing needed for connecting to trauma-informed care is a firm grasp on this paradigm shift.

You can start by asking different questions and re-framing behaviors you encounter.

Look at the negative statements and discover the paradigm shift that you could be part of.

Instead of saying, "*What is wrong with you?",* we need to ask, "*What happened to you?*"

Instead of viewing undesirable behaviors like tantrums or chronic belly aches as problems that need to be punished, we need to see them as valuable pieces of information meant to be explored.

Instead of viewing undesirable thoughts and feelings such as mood swings and avoidance as overreactions meant to be de-escalated, we need to see them as normal reactions to abnormal experiences meant to be understood.

This shift may seem simple, but it truly has the power to provide physical, psychological and emotional safety as well as generate opportunities for people to restore a sense of control and empowerment.

To see just how difficult, yet rewarding, it can be to make a paradigm shift, let's take a few minutes to watch the Power of a Paradigm Shift video.

Skill 3 – Incorporating what we know

The third skill necessary to connect to trauma-informed care is to find ways to incorporate what we know about trauma into daily policies, procedures and practices.

After all, as Anda and Brown from the CDC remind us, "The impact of ACEs can now only be ignored as a matter of conscious choice. With this information comes the responsibility to use it."

And how can we use it?

We use it by participating in and promoting SAMHSA's six principles of trauma-informed care. Together these six principles provide the framework for how we, as an organization, can respond to the facts on trauma and resist re-traumatization.

Let's look at each of them together.

Safety

Throughout the organization, staff and the people they serve feel physically and psychologically safe; the physical space is safe and interpersonal interactions promote a sense of safety.

You can incorporate it by expressing kindness, patience, acceptance and reassurance in all interactions and resisting any words or actions that express judgement or humiliation.

You'll also want to ensure a clean, organized, comfortable area in which members may wait for or meet with staff. This is because noisy, congested and unkempt areas can be de-humanizing and feel inherently unsafe.

Trust and transparency

Organizational operations and decisions are made with transparency and trust as the goal.

You can incorporate it by always providing clear direction and setting expectations at the start of an encounter.

You should also strive to have clear, sensible policies that truly incorporate member feedback.

Collaboration and mutuality

Focusing on partnering with people and leveling power differences is key to building trust and demonstrating that healing happens through relationships and mutual decision-making.

You can incorporate it by seeking to level power differences between yourself and the other person and remembering to see others as the "expert" of their own bodies and goals.

Empowerment, voice and choice

Individual strengths among staff and members are recognized and built upon; staff and members are supported in shared decision-making, choice and goal setting to determine the best plan of action needed to heal and move forward.

You can incorporate it by remembering that trauma is pervasive and can make people feel powerless, so doing what you can to act and speak in a way that focuses on the person's strengths and successes goes a long way.

You should also use motivational interviewing techniques to strategically ask for input from members and create practices that are inherently member centric.

Peer support

The term "peer" refers to individuals with lived experience of trauma. Leveraging their experience and first-hand knowledge of the recovery journey is a key vehicle for establishing safety, hope, trust and collaboration.

You can incorporate it by capitalizing on those with lived experience.

Practice embracing the truth that "one does not have to be a therapist to be therapeutic."

Respect for gender, cultural and historical differences

The organization actively moves beyond stereotypes and biases by offering access to a variety of services, leveraging the healing value of specific cultural connections, and incorporating policies and practices that are responsive to the racial, ethnic, gender and other cultural needs of the individuals served.

You can incorporate it by promoting a sense of "cultural humility" in addition to competency; meaning that you suspend judgement about those that are different from you even once you understand those differences.

Always seek to prioritize the relationship with the person; and above all else, believe that we are more similar than we are different.

Now that you know about the trauma-informed movement and are equipped with a few skills to promote it, we can begin exploring how, as an organization, we can more fully champion what we know by living it in our workplaces and communities.

I will leave you with the Trauma-informed care champions video; an inspiring story of how community providers are participating in the trauma-informed care movement.

Thank you for taking this course and thank you for all you do for and with our members each and every day.

Until next time, be well.

[1] www.thenationalcouncil.org, 2013

[2] Substance Abuse and Mental Health Services Administration. SAMHSA's *concept of Trauma and Guidance for a Trauma-Informed Approach.* HHS Publication. Rockville, MD: SAMHSA, 2014.

[3] Substance Abuse and Mental Health Service Administration (SAMHSA), 2012

[4] SAMHSA, 2012.

[5] SAMHSA, 2014.

[6] Effects | The National Child Traumatic Stress Network

https://www.nctsn.org/what-is-child-trauma/trauma-types/complex-trauma/effects

[7] Aetna Medicaid acknowledges the U.S. Department of Justice, Office of Justice Programs, Office for Victims of Crime, for allowing us to reproduce, in part, Through Our Eyes: Children, Violence, and Trauma-Introduction

[8] http://www.cdc.gov/violenceprevention/acestudy/

[9] Massachusetts, Washington State Lead U.S. Trauma-sensitive School Movement. Jane Stevens- http://acestoohigh.com/2012/05/31/massachusetts-washington-state-lead-u-s-trauma-sensitive-school-movement

[10] National Counsel for Behavioral Health, 2013.

[11] CDC, 2012.

[12] Addressing Trauma and Psychosocial Development in Juvenile Justice-involved Youth: A Synthesis of the Developmental Neuroscience, Juvenile Justice and Trauma Literature. Michelle Evans-Chase- http://mdpi.com/2075-471X/3/4/744/htm

[13] Governor's commission on sexual and domestic violence, Commonwealth of MA, 2006.

[14] Episodically Homeless Women with Serious Mental Illness: Prevalence of Physical and Sexual Assault. L Goodman-M Dutton-M Harris – http://www.ncbi.nlm.nih.gov/pubmed/8561181

[15] The American Heritage Medical Dictionary Copyright© 2007, 2004 by Houghton Mifflin Company. Published by Houghton Mifflin Company.