



# Trauma-Informed Care

*Empowering. Engaging.  
Effective.*

Joann Stephens, Family Relations Coordinator  
WI Office of Children's Mental Health



# Today

What do you want to get out of today's training?



# Learning Objectives

1

Define and be able to identify the different types of trauma and its prevalence in society, understand disrupted neurodevelopment

2

Understand what trauma-informed care is, what it looks like, and how it is different from the medical model

3

Understand how trauma-informed care is a response to a public health issue and to identify next steps to begin TIC culture change process

# Self Care and Compassion

## Stress-relieving strategies:

- Breathe
- Feel feet on the floor
- Count to 10
- Use fidgets
- Walk/stretch
- Chew gum
- Doodle
- Put lotion on hands
- Think of a favorite place or person

# Why Trauma? Why Now?

- Consumer Activism
- Prevalence
- Science
- Effective Services
- Hope

# Trauma Defined

- Refers to extreme stress (e.g. threat to life, bodily integrity or sanity) that overwhelms a person's ability to cope
- Is subjective
- Often results in feeling vulnerable, helpless and afraid
- Often interferes with relationships and fundamental beliefs about oneself, others and one's place in the world
- Disrupts the nervous system

# Trauma Touches All of Us

- Trauma is universal
- Trauma happens regardless of:
  - Age
  - Culture
  - Gender
  - Class
- Trauma is a life-shaping event

# Acute Trauma/PTSD

- **Re-experiencing:** disturbing memories and thoughts, dreams, flashbacks, intense Psychological or physiological distress
- **Hyper-arousal:** high alert, difficulty going to sleep or staying asleep, difficulty paying attention, exaggerated startle response, hyper-vigilant, usually constant, stressed, angry, irritable
- **Avoidance:** disconnected, detached, numb, disengaged from the real world (daydreaming, fantasy, spacey), may appear to be uncaring or unmotivated, trouble remembering event



# Trauma Continuum

## Acute Trauma

- Adult onset
- Single incident
- Adequate child development
- No co-morbid psychological disorders

## Complex Trauma

- Early onset
- Multiple incidents
- Extended over time
- Highly invasive
- Interpersonal
- Significant amount of stigma
- Vulnerability

# Complex Trauma

Re-experiencing

Avoidance

Hyper-arousal

## Dysregulation

- **Emotional:** difficulty managing feelings; low frustration tolerance; problems using words to express needs, thoughts, concerns; few self soothing strategies; chronic emptiness; shame.
- **Cognitive:** catastrophizing; concrete thinking (black & white); difficulty maintaining focus; memory impairments.
- **Interpersonal:** difficulty assessing social cues; difficulty seeking attention in appropriate ways; challenges in seeing another's point of view; difficulty maintaining relationships; challenges in managing transition, unpredictability and change; unstable self image.
- **Behavioral:** impulsive; suicidal; self-injurious; chemical use/dependency; trauma re-enactment.

# Complex Trauma Cont'd

How it may get diagnosed:

- Post-Traumatic Stress Disorder
- Borderline Personality Disorder
- Attention Deficit Hyperactivity Disorder or Attention Deficit Disorder
- Oppositional Defiant Disorder
- Bipolar Disorder
- Schizo Affective Disorder
- Reactive Attachment Disorder

# Psychological Trauma - Examples

- **Violence** in the home, personal relationships, workplace, school, systems/institutions, or community
- **Maltreatment or abuse:** emotional, verbal, physical, sexual, or spiritual
- **Exploitation:** sexual, financial or psychological
- **Abrupt change in health, employment, living situation** over which people have no control
- **Neglect and deprivation**
- **War** or armed conflict
- Natural or human-caused **disaster**

# Sanctuary Trauma

The overt and covert traumatic events that occur in settings that are socially sanctioned as 'safe':

- Medical, mental health & substance use disorder services
- Corrections
- Foster care
- School
- Places of worship
- Boarding schools

# Historical Trauma

- Collective and cumulative emotional and psychological wounding across generations, emanating from massive group trauma
- Generates survivor guilt, depression, low self-esteem, psychic numbing, anger, and physical symptoms.
- Creates the community's 'soul mood'.  
(Maria Yellow Horse Brave Heart)

See info re. Menominee Termination

<http://www.mpm.edu/wirp/icw-97.html>

See info re. Post Traumatic Slave Syndrome

<http://joydegruy.com/resources-2/post-traumatic-slave-syndrome>

See info re. The Black Holocaust Museum

<http://www.abhmuseum.org/>

# Vicarious or Secondary Trauma

The experience of learning about another person's trauma and experiencing trauma-related distress as a result of this exposure



# Prevalence

- 56% of the **general population** reported at least one traumatic event.

(Kessler,1996)

- 90% of **mental health clients** have been exposed to a traumatic event and most have multiple exposures.

(Muesar,1998)

- 83% of females and 32% of males with **developmental disabilities** have experienced sexual assault. Of those who were assaulted, 50% had been assaulted 10 or more times.

(Hand,1986)

- 97% of **homeless women** with mental illness experienced severe physical and/or sexual abuse.

al.,1997)



# Prevalence cont'd

- Women in community samples report a lifetime history of physical & sexual abuse ranging from 36-51%, while women with **substance abuse problems** report a lifetime history ranging from 55-99%. (Najavits et. al., 1997)
- 75-93% of youth entering the **juvenile justice** system are estimated to have experienced some degree of traumatic victimization. (*Healing Invisible Wounds*, Justice Policy Institute)
- 92% of **incarcerated girls** reported sexual, physical or severe emotional abuse in childhood.

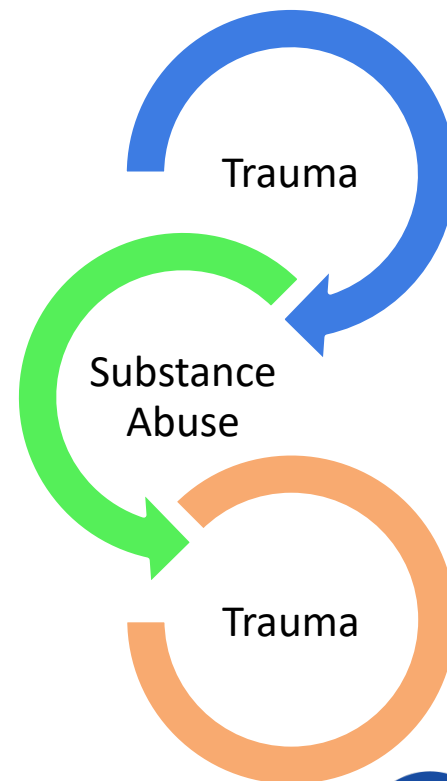
*(Healing Invisible Wounds, Justice Policy Institute)*



# Trauma and Substance Use

People who experience trauma may self-medicate; self-medication may also increase risk for further abuse and traumatic experiences

(Review of possible order effects by Simpson & Miller, 2002)



# Prevalence of Trauma and Substance Abuse

- More than 50 percent of women seeking substance abuse treatment report one or more lifetime traumas
- A majority of women in substance abuse treatment have a history of physical and sexual abuse
- A significant number of clients in inpatient treatment also have subclinical traumatic stress symptoms or PTSD

# Mediating and Exacerbating Factors

## Person

- Age/developmental stage
- Past experiences
- Strengths and coping skills
- Cultural beliefs

## Environment

- Supportive responses from significant others and community
- Access to safety and resources

## Event

- Severity & chronicity
- Interpersonal vs. act of nature
- Intentional vs. accidental

# Early Relationships

Relationships are developed through the emotional bond between the child and caregiver. It is through this relationship that we learn to:

- Regulate emotions/self-soothe
- Develop trust in others
- Freely explore our environment
- Understand ourselves and others
- Understand that we can impact the world around us
- Begin to establish a worldview

# Still Face Experiment

Watch Dr. Edward Tronick explain and demonstrate the still face experiment between a mom and her baby

<http://www.youtube.com/watch?v=apzXGEbZht0>

# Adverse Childhood Experiences ACEs

# Adverse Childhood Experience (ACE) Study

## National ACE Study

<http://www.cdc.gov/nccdphp/ACE/>

<http://acestoohigh.com/>

## Wisconsin ACE Study

<http://wichildrenstrustfund.org/files/WisconsinACEs.pdf>



# 'ACEs'

## Household with:

- Substance abuse
- Mental illness
- Separation/divorce
- Domestic violence
- Imprisoned household member

## Abuse:

- Psychological (by parents)
- Physical (by parents)
- Sexual (anyone)
- Physical neglect
- Emotional neglect

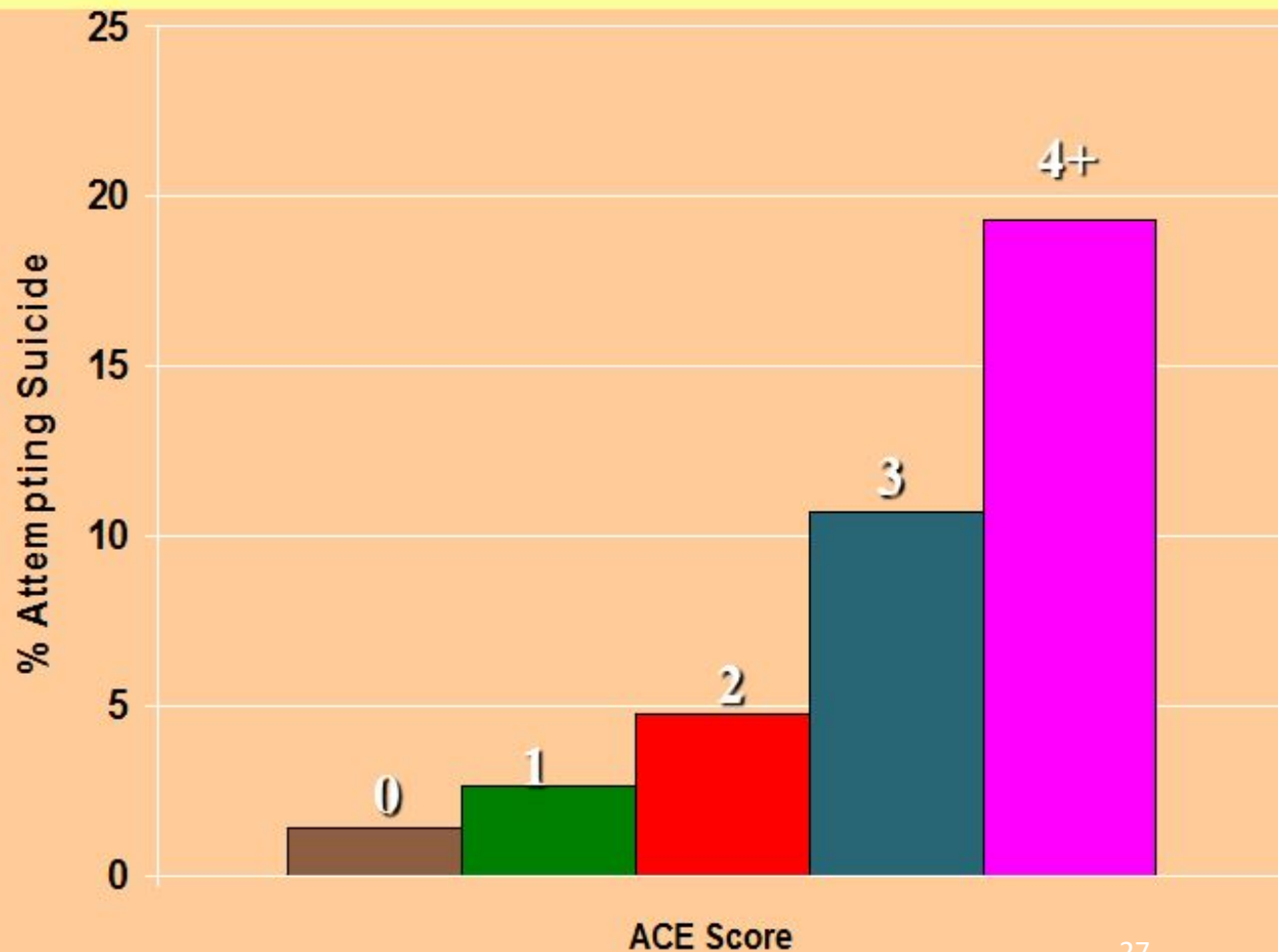
# ACE Score = Trauma “Dose”

**Number of individual types of adverse childhood experiences were summed...**

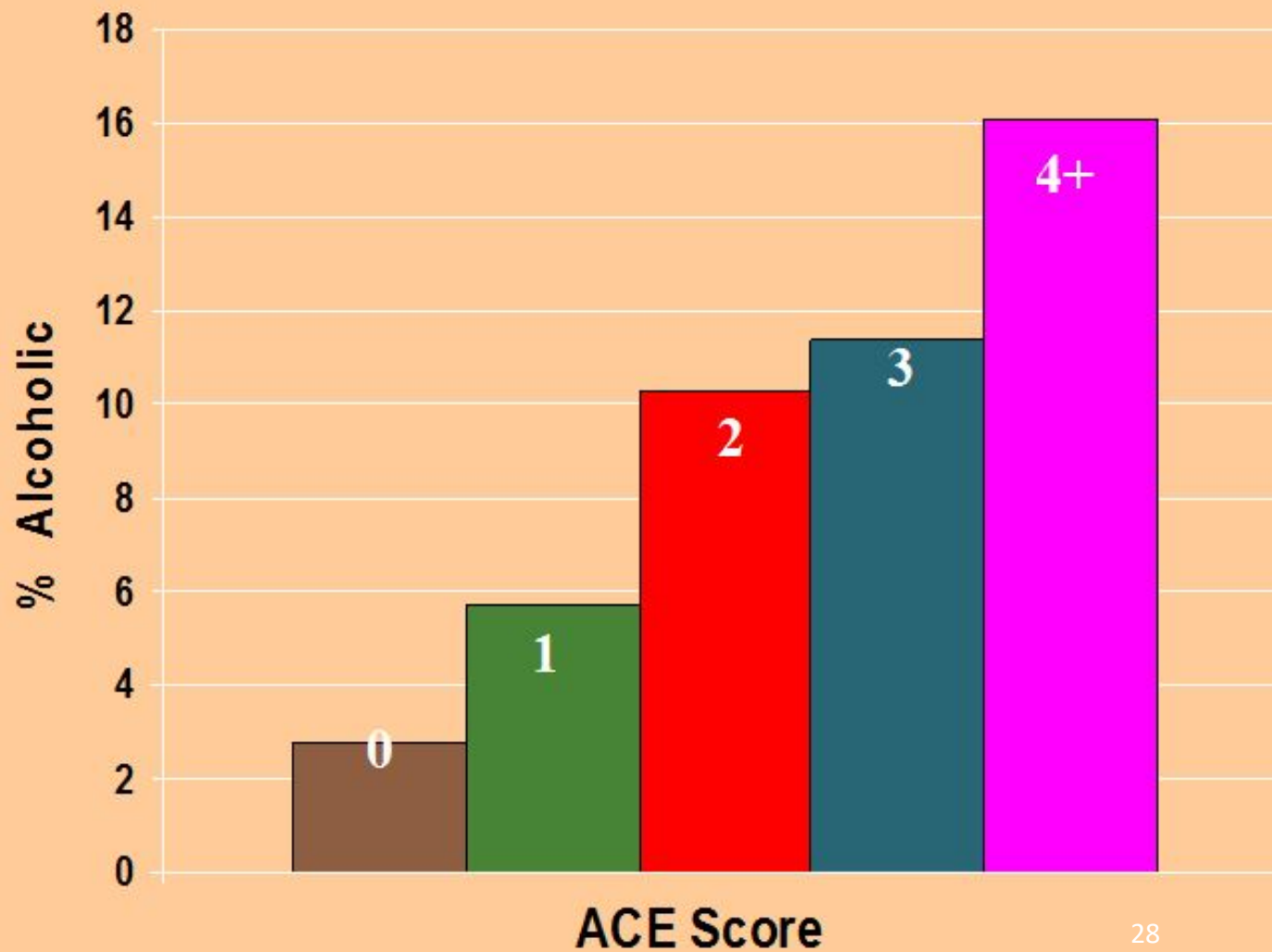
<u>ACE score</u>	<u>Prevalence</u>
0	32%
1	26%
2	16%
3	10%
4 or more	16%

# National ACE Study Findings:

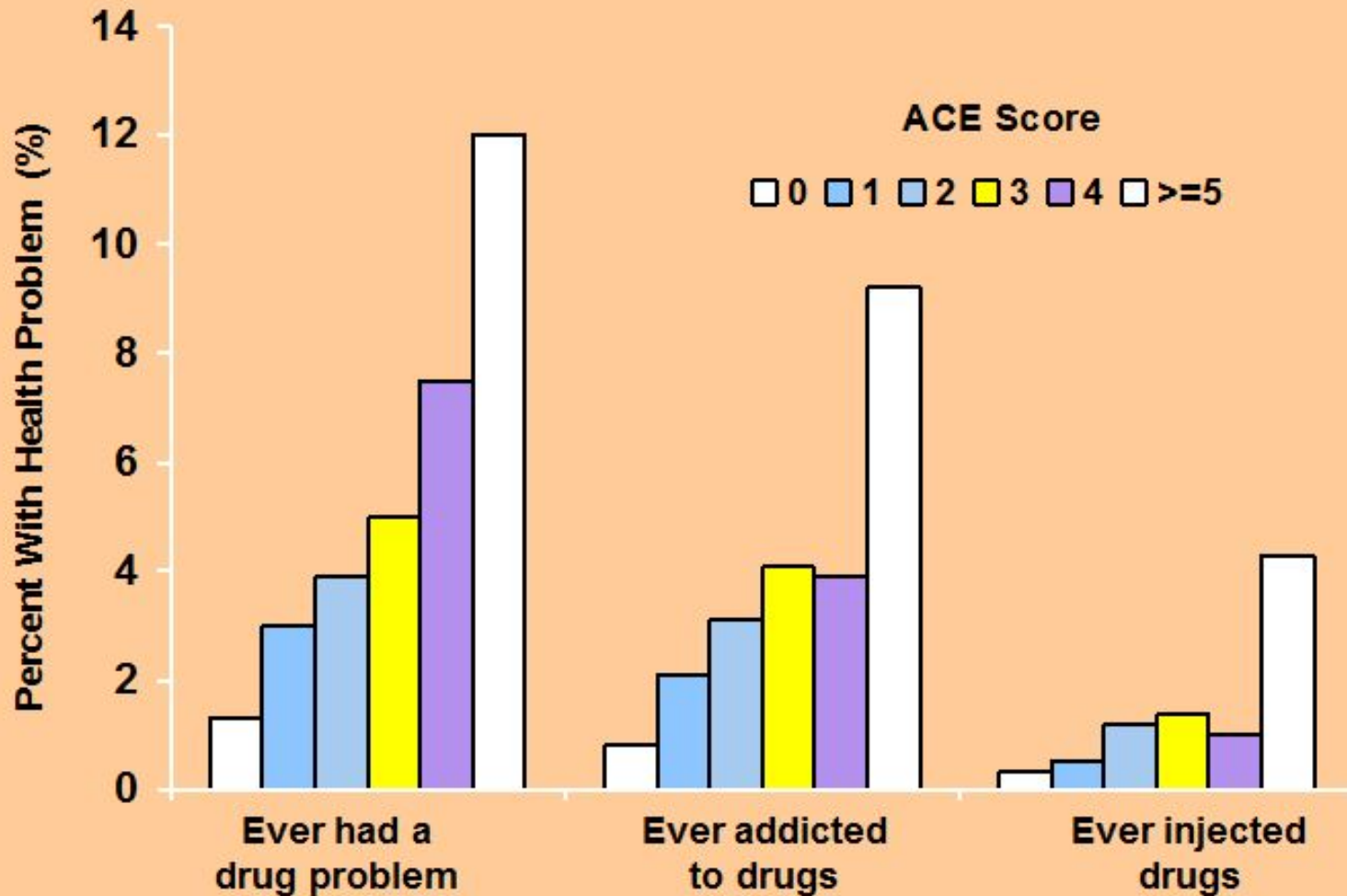
## ACE Score and Suicide Attempts



# ACE Score and Adult Alcoholism



# ACE Score and Drug Abuse



# 2011 Wisconsin ACE Study

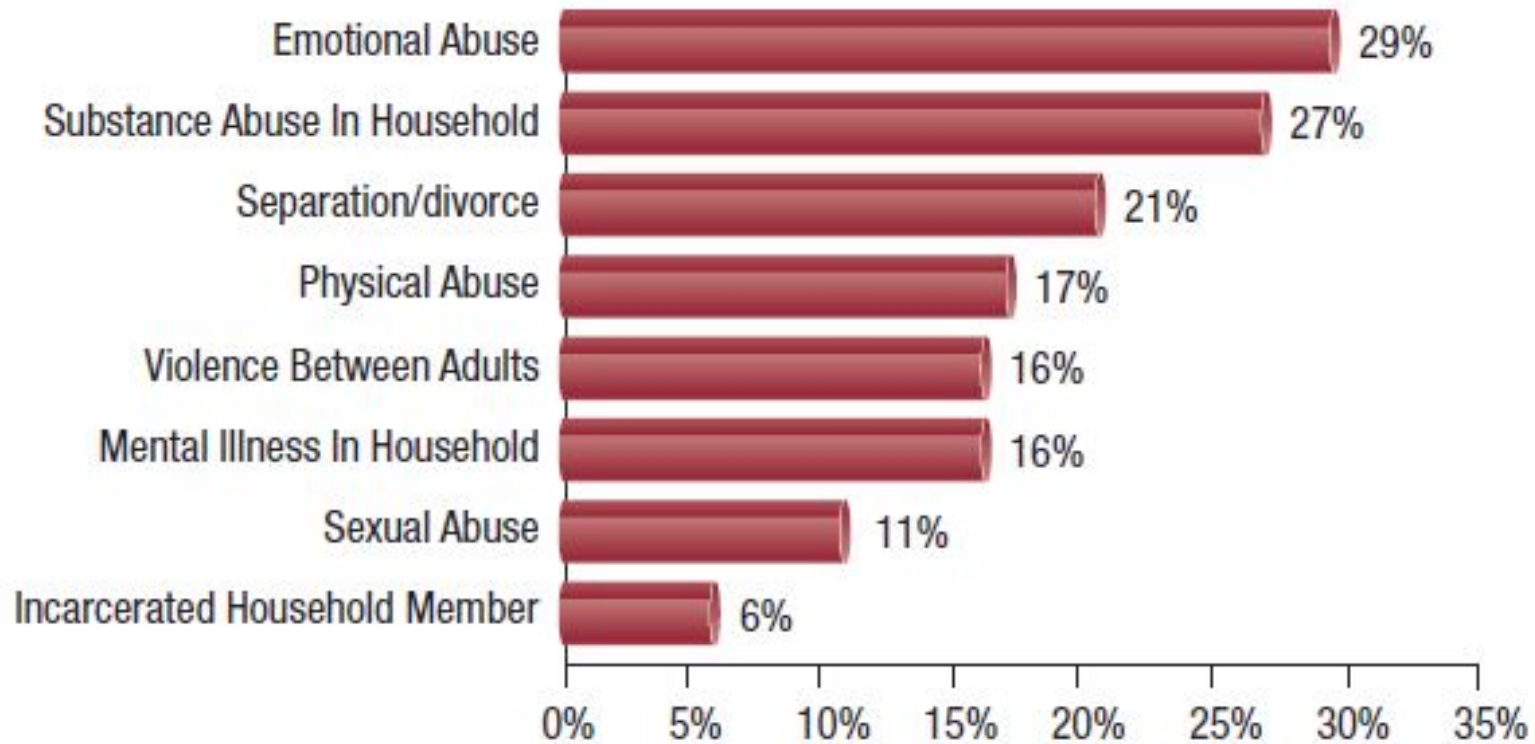


Figure ES1. Prevalence of Individual ACEs in Wisconsin

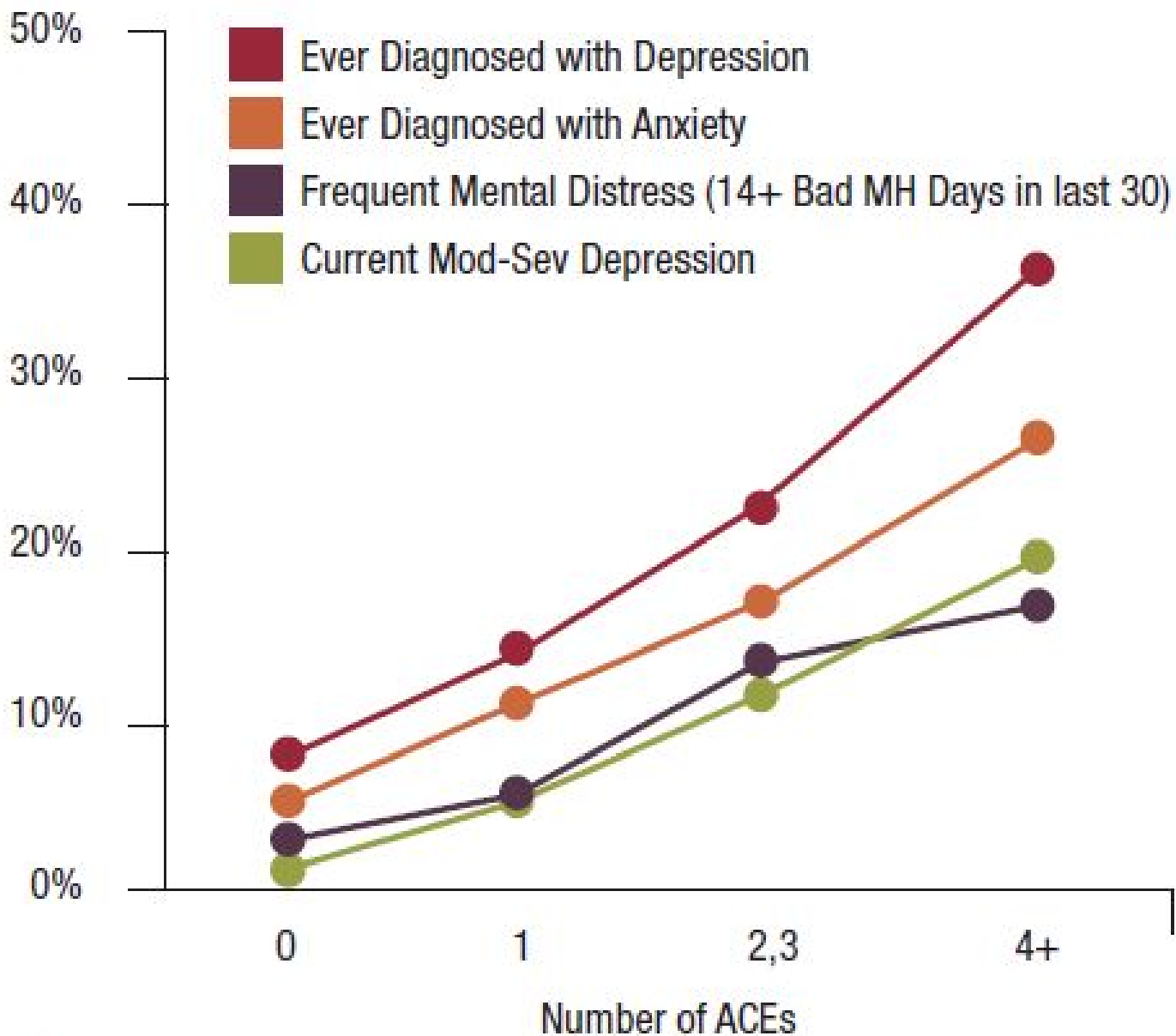


Figure 6. ACEs and Mental Health

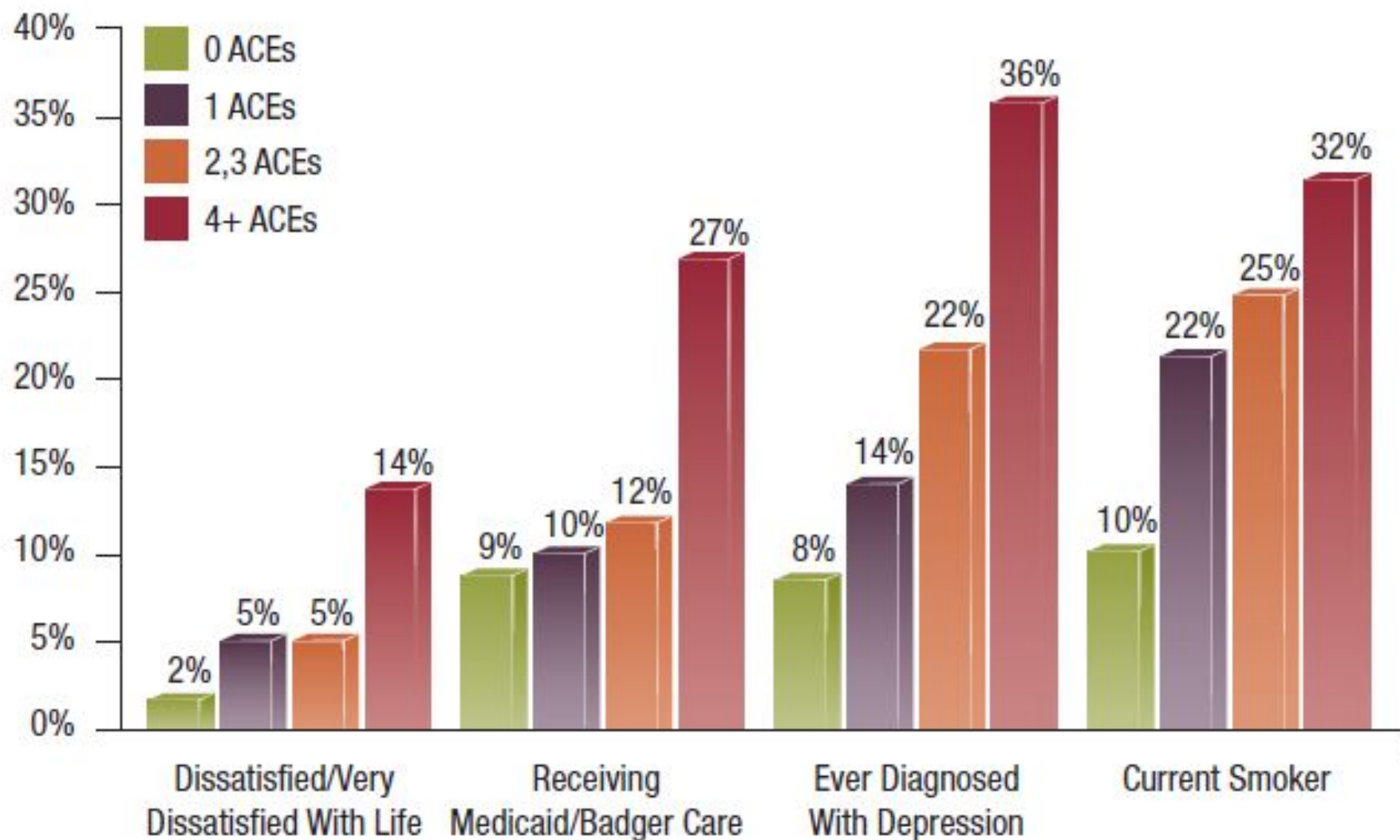


Figure ES2. Selected adult outcomes among Wisconsin residents, by ACE score



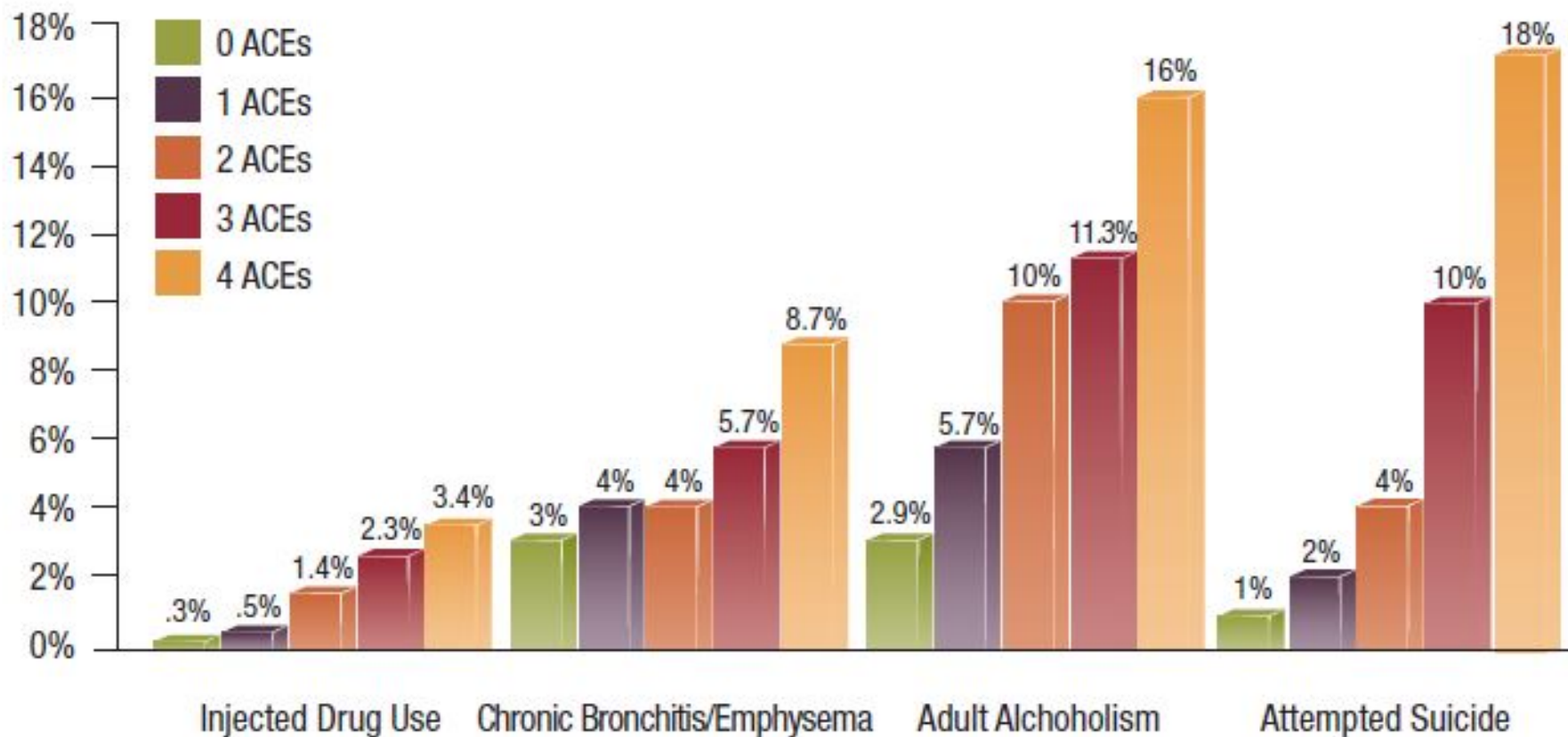
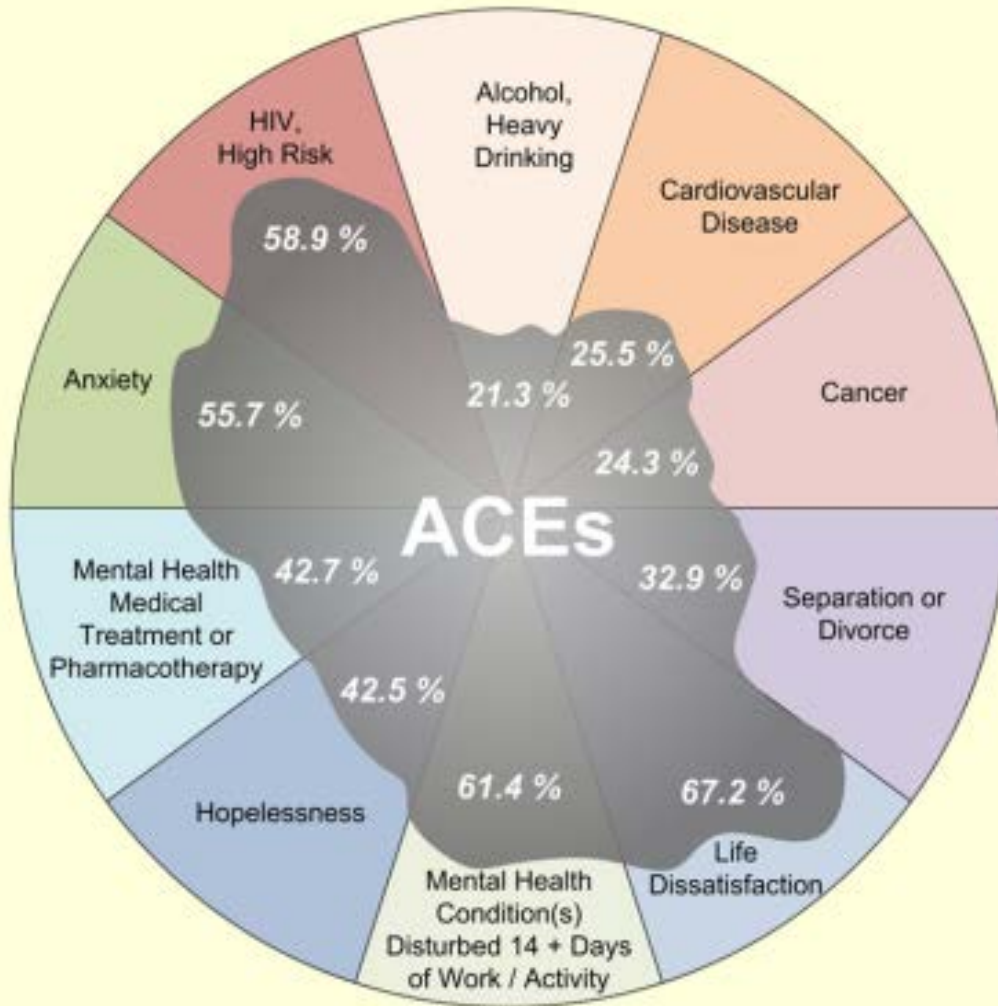


Figure 2. Prevalence of selected outcomes among adults in the Kaiser ACE study<sup>15</sup>

# As ACEs ↑, problems ↑:

- alcoholism and alcohol abuse
- illicit drug use
- risk for intimate partner violence
- eating disorders
- multiple sexual partners
- smoking
- suicide attempts
  
- chronic obstructive pulmonary disease (COPD)
- depression
- ischemic heart disease (IHD)
- liver disease
- sexually transmitted diseases (STDs)
- obesity
- health-related quality of life

# ACEs Population Attributed Risk



Percentage of health, safety and prosperity conditions attributable to ACEs

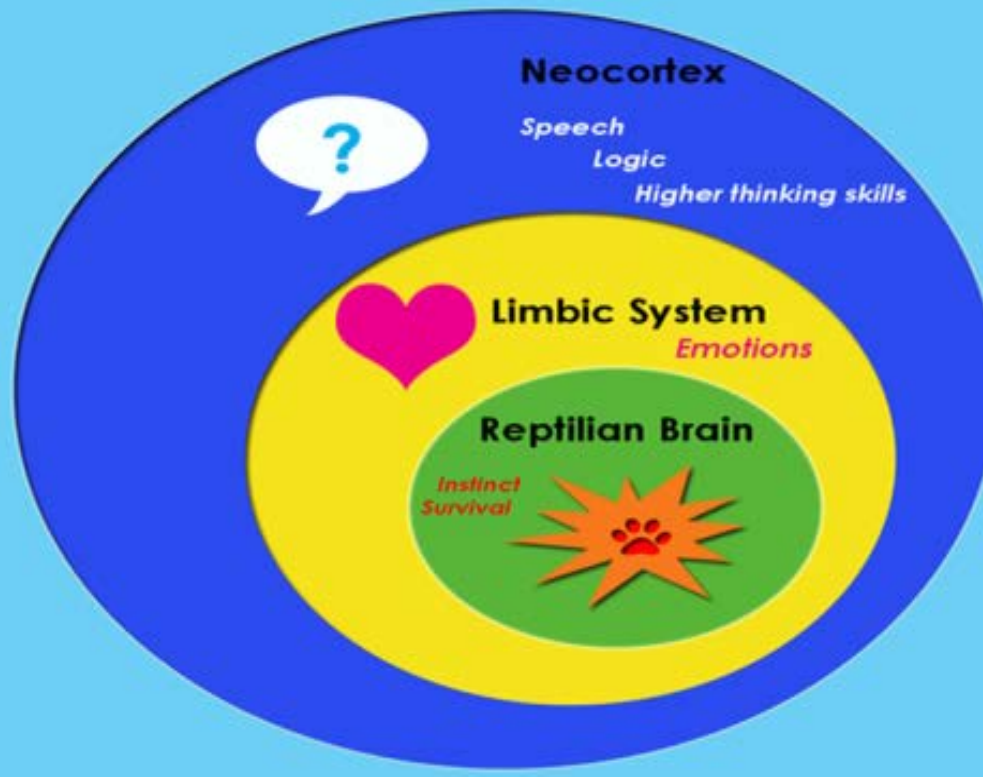
# Understanding Disrupted Neurodevelopment

# Dr. Dan Siegal

<http://www.youtube.com/watch?v=gm9CIJ74Oxw>

# Triune Brain Model

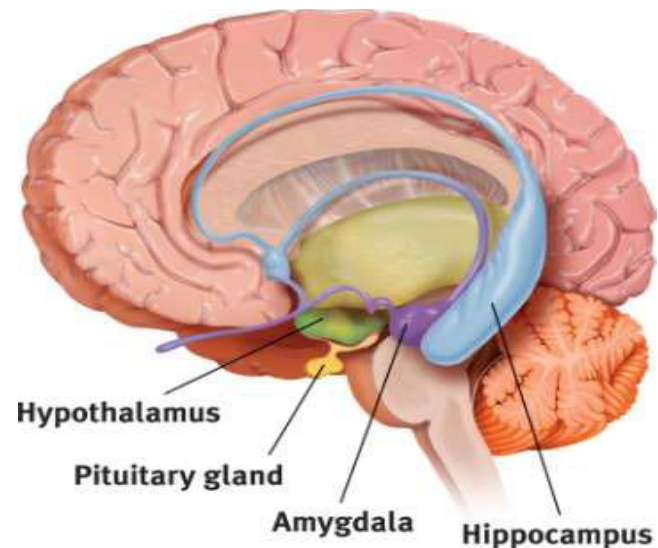
## The Triune Brain Model



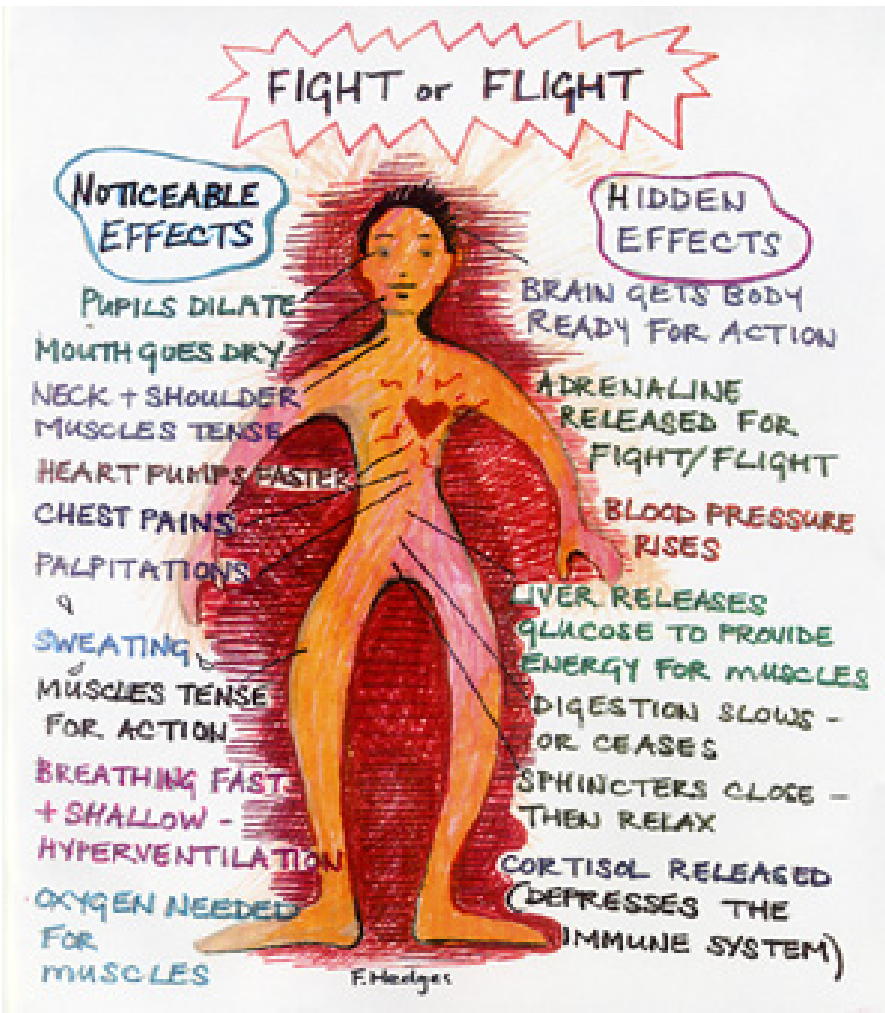
Chun-Hori 2007

# Brain Development

- Each developmental stage depends on the previous stage.
- Trauma impacts each level of development and the ability to move to the next stage.
- In times of stress, we regress.



# Beginning to Understand 'Disrupted Neurodevelopment'



- Fight: resist
- Flight: run away
- Freeze: stay still
- Frignt
- Flail
- Shield
- Flirt
- Submit



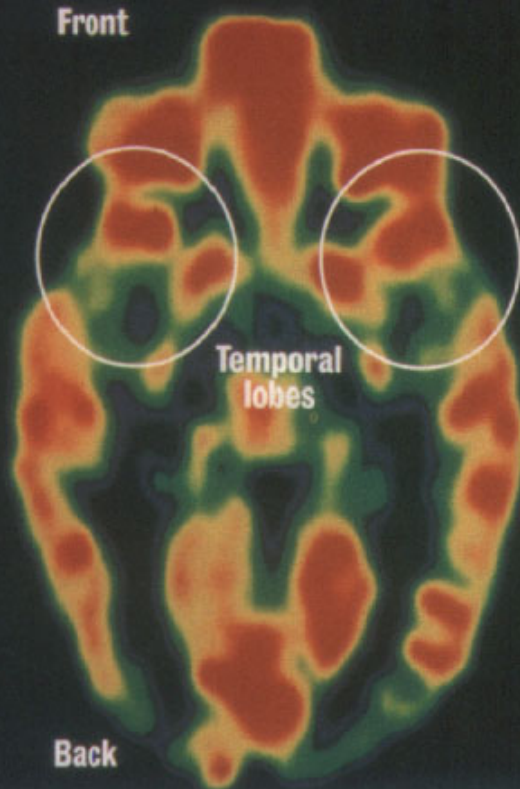
# Stress Response and the Brain

If there is danger the 'thinking brain' goes off line allowing the doing brain to act.

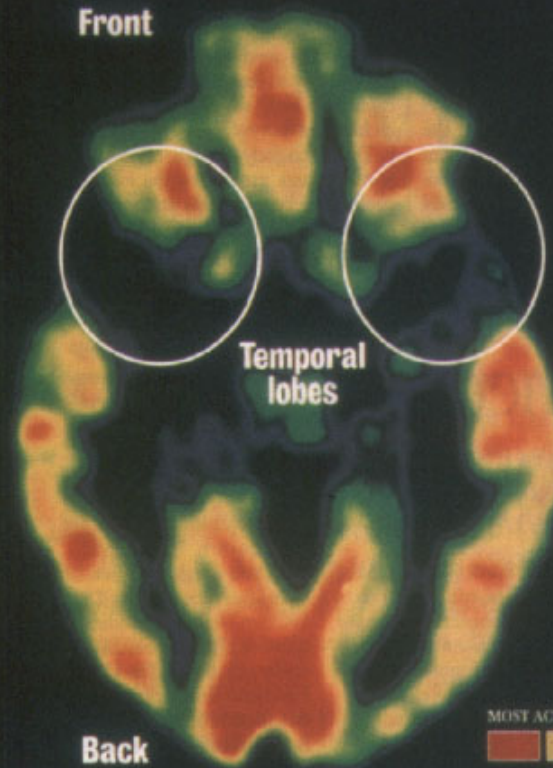
Traumatized children may experience changes in brain structures, neuro-chemistry & genetic expression.

## Healthy Brain

This PET scan of the brain of a normal child shows regions of high (red) and low (blue and black) activity. At birth, only primitive structures such as the brain stem (center) are fully functional; in regions like the temporal lobes (top), early childhood experiences wire the circuits.



## Front



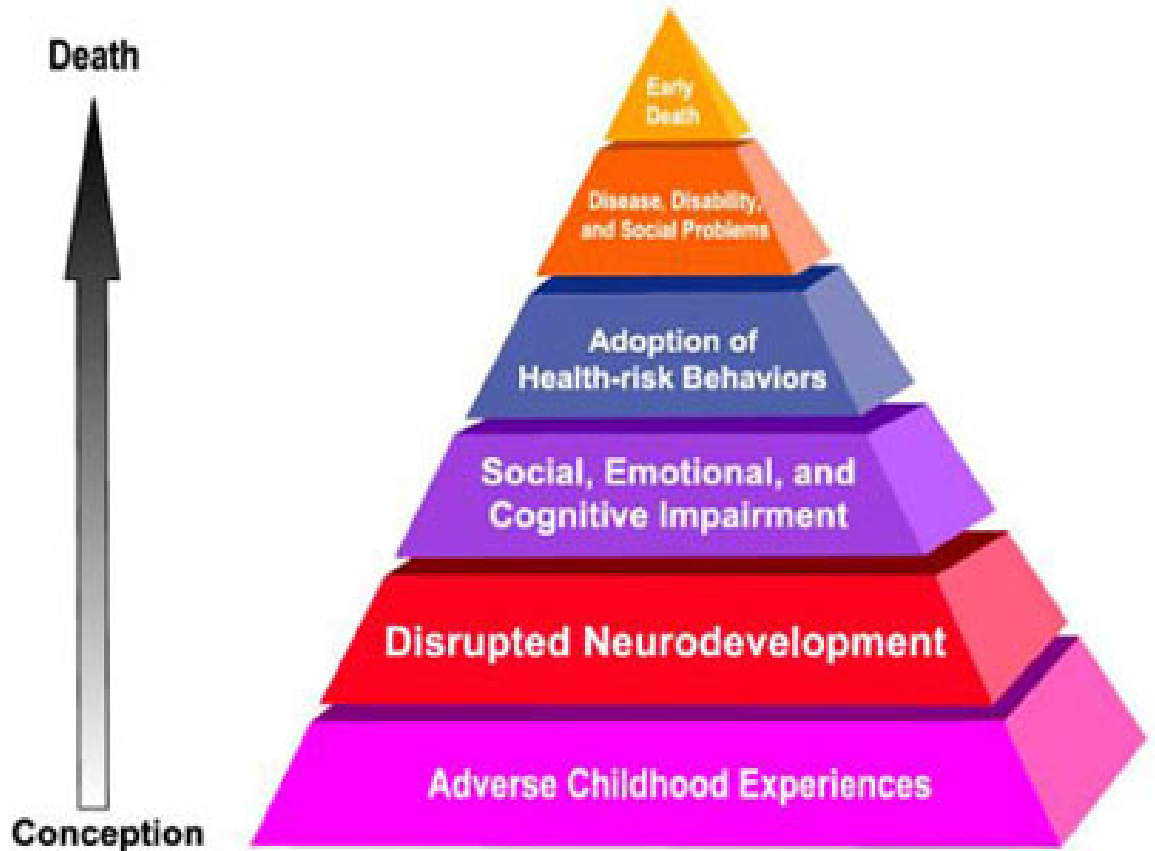
## An Abused Brain

This PET scan of the brain of a Romanian orphan, who was institutionalized shortly after birth, shows the effect of extreme deprivation in infancy. The temporal lobes (top), which regulate emotions and receive input from the senses, are nearly quiescent. Such children suffer emotional and cognitive problems.

MOST ACTIVE      LEAST ACTIVE

A color scale legend for PET scan activity levels. It consists of five colored boxes: red (most active), orange, green, blue, and black (least active).

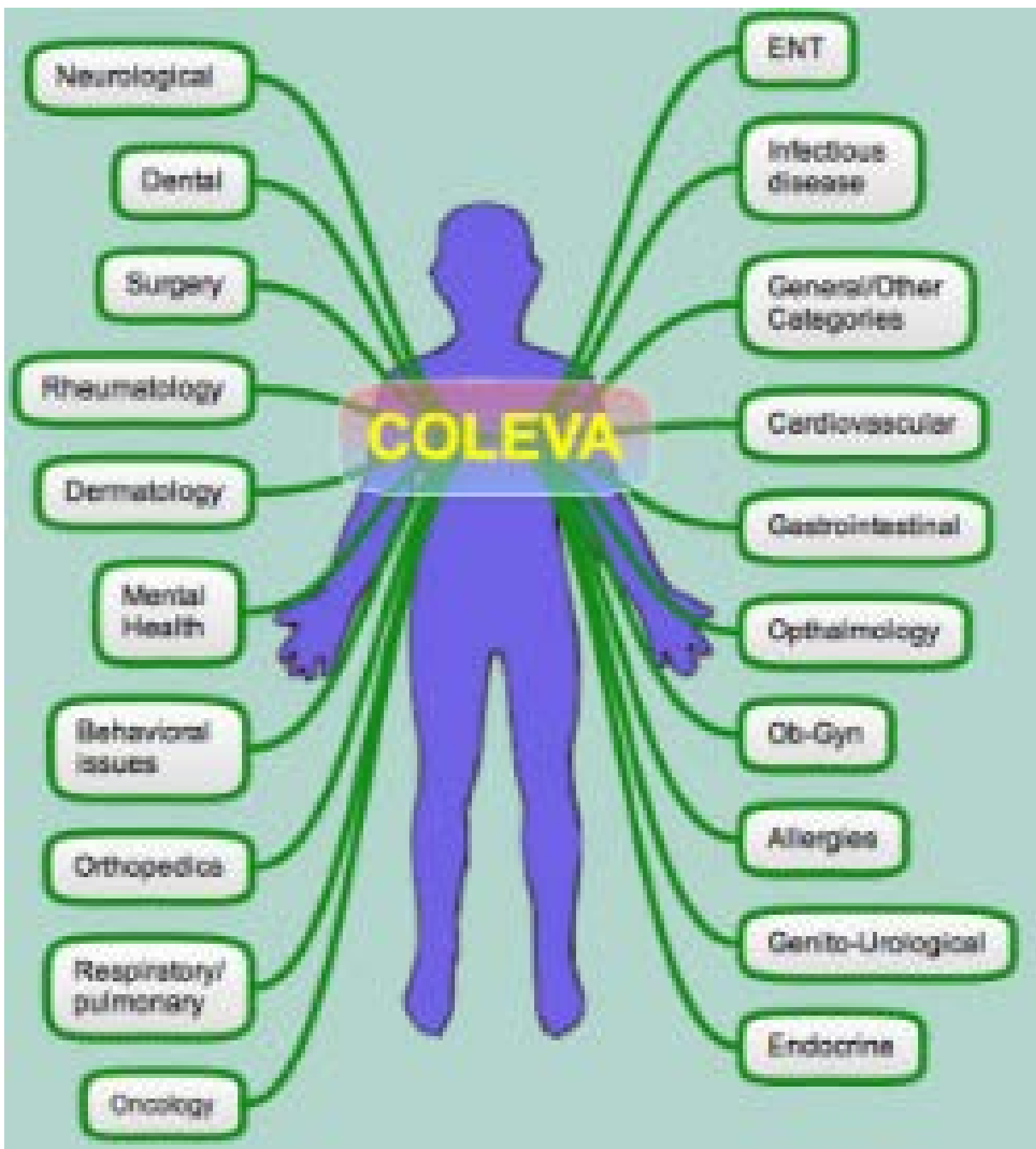
# Impact Over the Life Span



**Mechanisms by Which Adverse Childhood Experiences Influence Health and Well-being Throughout the Lifespan**

Effects of cumulative adverse childhood experiences:

- Neurological
- Biological
- Psychological
- Social
- Mortality



# COLEVA.net

## Consequences of Lifetime Exposure To Violence and Abuse

# Reminders or “Triggers”

- Lack of or loss of control
- Threats/feeling threatened or attacked
- Observing threats/assaults
- Isolation
- Interacting with authority figures
- Lack of information
- Being told what to do
- Lack of privacy
- Removal of clothing-medical exams
- Being touched
- Being watched
- Loud noises
- Darkness
- Intrusive or personal questions
- Being locked in a room
- Being ignored
- Condescending looks

# Reminders or “Triggers”, cont’d

- Sensory experiences (smells, sounds, touch, taste, body position)
- Separation or loss
- Transitions and disruptions in routine
- Feelings of vulnerability and rejection
- Sensory overload (crowded spaces, loud sounds, powerful smells)
- **A trigger can be a person, place, thing, event, time, date, smell, or texture**

# Explaining not Excusing Behaviors

## Outward Expressions

- Anger/defiance
- Violence toward others
- Truancy
- Criminal acts
- Perfectionism

## Inward Expressions

- Withdrawal
- Substance use
- Perfectionistic
- Violence to self
- Spacing out

# The Five Steps of Behavioral Change

- 1. Awareness**
- 2. Motivation**
- 3. Skills**
- 4. Trial and error**
- 5. Maintenance**



# Impact on Worldview

## Typical Development

- Belief in a predictable and benevolent world
- Positive self worth
- Hopeful and optimistic about the future
- Empowered

vs.

## Developmental Trauma

- Basic mistrust of others
- Belief that the world is an unsafe place
- Negative self-worth
- Fear and pessimism about future
- Hopeless and powerless

# Addressing Trauma World View

- No place is safe
- Other people are unsafe and cannot be trusted
- My own actions, thoughts and feelings are unsafe
- I expect crisis, danger and loss
- I have no worth and no abilities

# Trauma-Informed Care (TIC)

# Why Trauma-Informed Care?

“We are a traumatized field working with traumatized clients, sending them to a traumatized recovery community.”

- Dan Griffin

# Do No Harm

“We need to presume the people we serve have a history of traumatic stress and exercise **“universal precautions”** by creating systems of care that are trauma informed.” (Hodas, 2005)

# Trauma-Informed Care

## What it is

A principle-based culture change process

## What it is not

An intervention to address PTSD

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Move from '*What's wrong with you?*'

to

*'What happened to you?'*

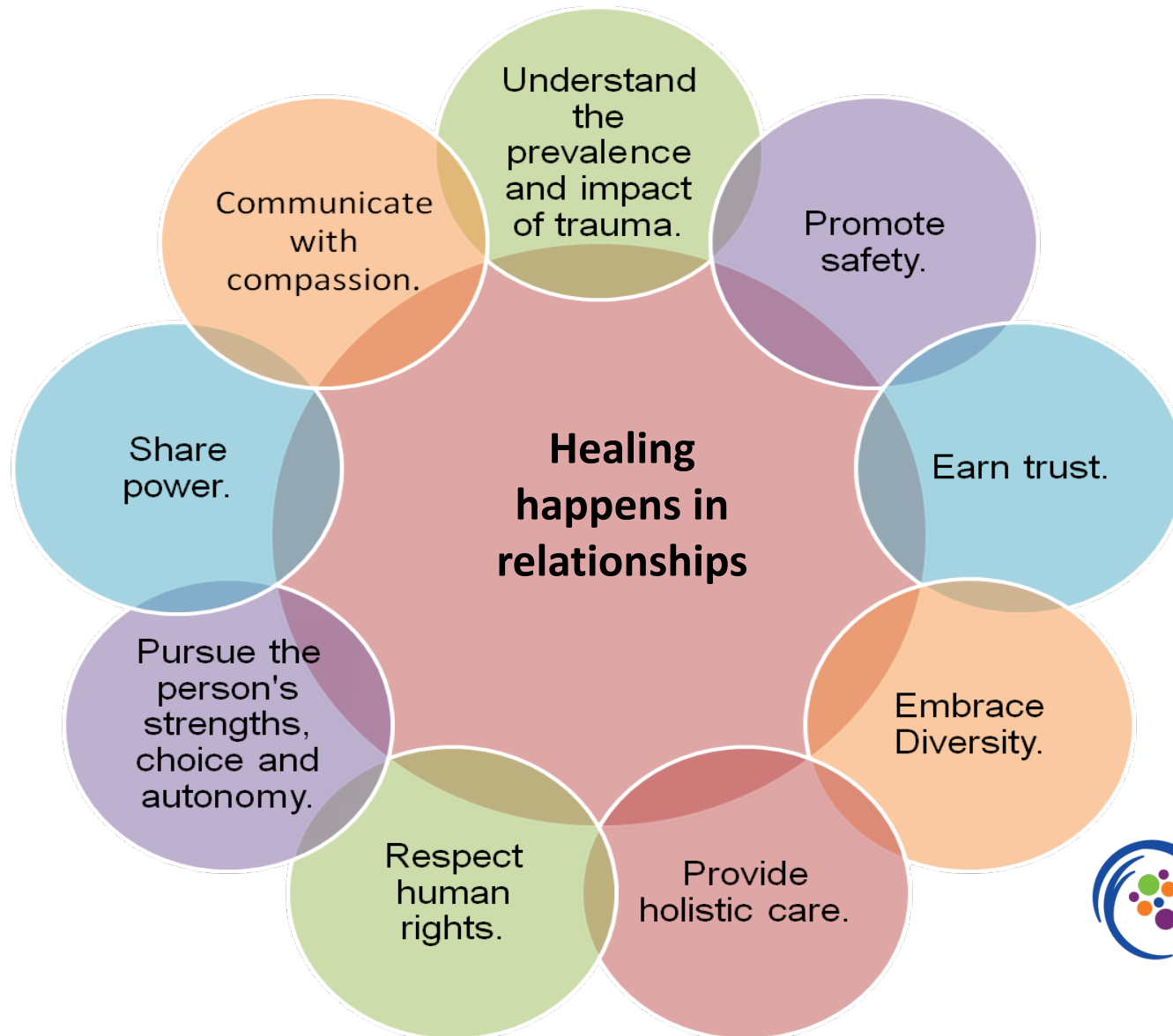
# Trauma-Informed Care

“What’s wrong with you?”

“What happened to you?”

“What’s right with you?”

# Wisconsin's TIC Guiding Principles





# SAMHSA's TIC Guiding Principles

Incorporate knowledge about trauma prevalence, impact, and recovery – in all aspects of service delivery

- Physical and Emotional Safety
- Trustworthiness and Transparency
- Collaboration & Mutuality
- Empowerment
- Voice & Choice
- Peer Support and Mutual Self-Help
- Resilience and Strengths-Based
- Inclusiveness and Shared Purpose
- Cultural, Historical and Gender Issues
- Change Process

(SAMHSA work group, 2012)

# Trauma-Informed Care

TIC:

- Is a way of being
- Is understanding what people are going through
- Is a way of talking
- Is a way of offering care

# NOT Triggering Traumatic-based Behaviors

- Earning Trust
- Radical Calmness
- Listening
- Construct Rather than Destruct
- Body Language
- Understanding People Regulate Themselves Differently
- Knowing Your Own Buttons
- Physical Space and Touching
- Boundaries, Boundaries, Boundaries

# TIC Principle Choice

## Traditional

- Everyone goes to bed at 10:30 pm
- Person is given completed treatment plan which must be signed by client
- Few homogenous activities are provided and everyone is expected to attend

## Trauma-Informed

- Time for sleeping is adaptable and based on client's needs
- Recovery plans are created collaboratively
- People are offered a menu of options based on needs, desires, and the recovery plan

# Comparison

## Traditional

Key Question: “What’s wrong with you?”

- Key focus in symptom reduction
- Rules, directives, and use of token systems to maintain order
- Therapy sessions viewed as the primary and often sole healing approach

## Trauma-Informed

Key Question: “What happened to you?”

- Symptoms seen as adaptations to trauma
- Wellness plans, stress reduction are among many tools used to recover
- Healing can happen in healthy relationships

# Re-traumatization

- A situation, attitude, interaction, or environment that **replicates the events or dynamics of the original trauma** that triggers overwhelming feelings
- Can be obvious or not so obvious
- Usually unintentional
- It is always hurtful

# What Does TIC Look Like?

- Avoid forcing eye contact
- Be aware of your proximity
- Avoid asking too many questions
- Pace meetings by offering breaks
- Draw upon past success
- Ask before touching or hugging
- Provide choice when possible
- Ask about person's goals and priorities

# What Does TIC Look Like?

- During emotional times ask “How can I support you right now?”
- When the trauma story overwhelms or leaves you speechless, be willing to sit in supportive silence
- Provide clear information about when, where, and by whom services will be provided
- Be prepared to repeat information many times; repetition is commonly needed when consumers are working with an overwhelmed nervous system
- Always hold the person in high regard!



# Safety

## Best practices:

- Avoid re-traumatization
- Consider the role of shame in both addiction and trauma
- Avoid judgments
- Be genuine as you build rapport
- Ask open-ended questions
- Convey experience, strength and hope
- Have closure strategies ready

# Public Health Interventions

- Exposure to adversity is a public health issue
  - Three levels of intervention: primary, secondary, and tertiary
    - Primary intervention is aimed at everyone-universal precautions
    - Secondary interventions are aimed at people who are at risk for a problem
    - Tertiary interventions focus on trying to help people who already have whatever problems it is we are defining

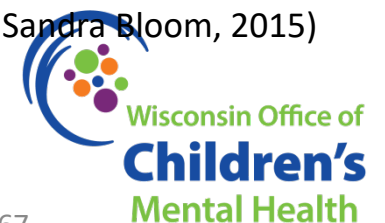
(Sandra Bloom, 2015)



# Going Forward with TIC

- Based on what we know, it is time for all our sectors to take a lifespan approach
- As a society, we have a moral responsibility to do something with the knowledge we now have that most of the suffering brought about in the world today is preventable

(Sandra Bloom, 2015)



# TIC and Organizational Culture Change

- Need leadership buy-in and ongoing support
- TIC Champions
- Meaningful consumer involvement
- Trauma-sensitive human resource practices
- Trauma-sensitive environment
- Trauma sensitive strategies and tools
- Work toward fidelity

# TIC in Wisconsin Systems

- DHS – Trauma Informed Care Transformation: <https://www.dhs.wisconsin.gov/tic/index.htm>
- DCF – Trauma Project: [http://dcf.wisconsin.gov/children/trauma\\_project/default.htm](http://dcf.wisconsin.gov/children/trauma_project/default.htm)
- DPI – Trauma Sensitive Schools: <http://dpi.wi.gov/sspw/mental-health/trauma/modules>
- Children’s Mental Health Collective Impact TIC Workgroup: <http://children.wi.gov/Pages/Integrate/TraumaInformedCareWorkgroup.aspx>
- OCMH Collaboration Grid: <http://children.wi.gov/Pages/Whatwedo/Overview.aspx>
- Fostering Futures: <http://www.fosteringfutureswisconsin.org/>

# General Trauma Resources

- National Center for Trauma-Informed Care  
<http://mentalhealth.samhsa.gov/nctic/>
- National Center for Posttraumatic Stress Disorder  
<http://www.ncptsd.org/>
- National Child Traumatic Stress Network  
<http://www.nctsn.org/>
- International Society for Traumatic Stress Studies  
<http://www.istss.org/>
- International Society for the Study of Trauma and Dissociation  
<http://www.isstd.org/>
- The Anna Institute  
<http://www.annafoundation.org>

# Connection, Empathy, & Resilience

# The 7 C's of Resilience

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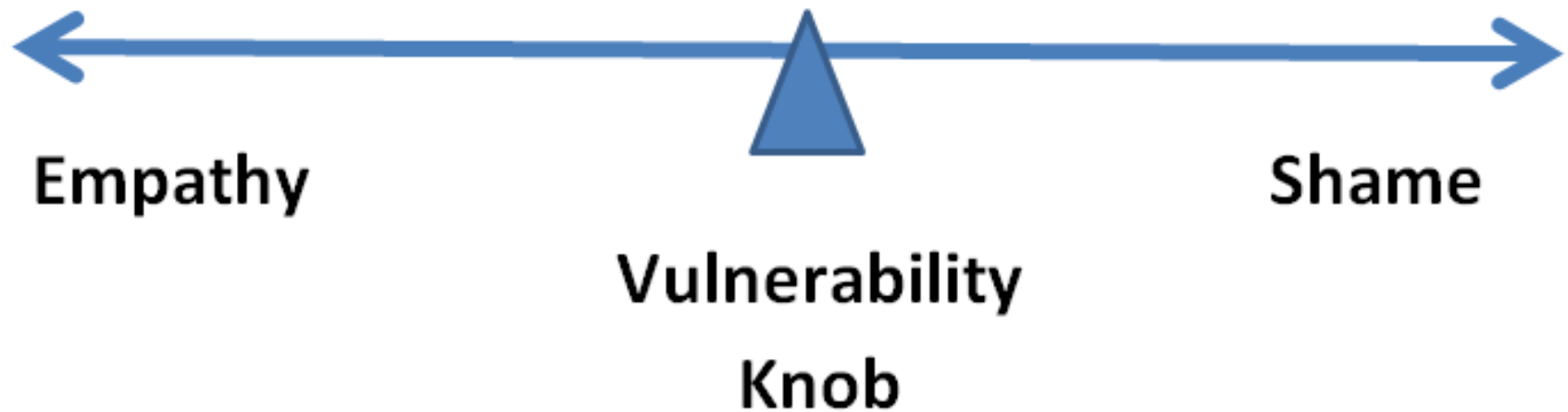
- **Confidence**
- **Competence**
- **Connection**
- **Character**
- **Contribution**
- **Coping**
- **Control**



(Little, 1993; Pittman et al., 2003; Eccles and Gootman , 2002; Roth and Brooks-Gunn 2003; Lerner, 2004; Ginsburg, 2006; Frankowski, Leader & Duncan, 2009)



# Connection Continuum



<https://www.youtube.com/watch?v=qQiFfA7KfF0>

Dr. Brene' Brown

# Empathy



- <https://www.youtube.com/watch?v=1Ewgu369Jw&index=2&list=PLsMbK Kq0n9d0E2M3vNBrzW5voZwXyWxNt>

# Resilience



YOU CAN **TIP**



**THE SCALE**  
TOWARDS RESILIENCY

**Tipping toward resiliency by offloading negative factors and stacking positive factors.**

# Resilience Resources

- Children's Mental Health Collective Impact Resilience Committee: <http://children.wi.gov/Pages/Integrate/Resilience.aspx>
- Dr. Ross Greene - Lives in the Balance: <http://www.livesinthebalance.org/>
- Circle of Security: <http://circleofsecurity.net/>
- Triple P - Positive Parenting Program: <http://www.tripleparenting.net/glo-en/home/>
- Nan Henderson - Resiliency in Action: [www.resiliency.com](http://www.resiliency.com)
- Grounding Techniques: [http://www.anxietybc.com/sites/default/files/adult\\_hmptsd.pdf](http://www.anxietybc.com/sites/default/files/adult_hmptsd.pdf)
- Sensory Processing Disorder: <http://www.sensory-processing-disorder.com/>
- Guide to Resilience: <http://preventchildabuse.org/wp-content/uploads/2016/09/Resilience-Guide-FINAL.pdf>

# Summary Statements

- Trauma is extreme stress that is universal, prevalent, and lives in the body
- Adverse childhood experiences are linked to numerous physical, neurological and social problems
- Trauma-informed care is a culture change process that asks: “What happened to you?” rather than, “What’s wrong with you?”
- We can all be resilience builders!

# Questions?

## **Joann Stephens, Family Relations Coordinator**

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608-266-9336

If you would like to be added to the Wisconsin TIC List Serve, please follow this link: <http://www.dhs.wisconsin.gov/tic/signup.htm>

