Trauma- Informed Care
Prevalence of Trauma
Mental Health Population– United States

- 90% of public mental health clients have been exposed to trauma.

- Most have multiple experiences in trauma.

- 97% of homeless women with a severe mental illness have experienced severe physical & sexual abuse- 87% experience this abuse both in childhood and adulthood.
Prevalence of Trauma
Mental Health Population- Adults

• Nearly 8 out of 10 female offenders diagnosed with a mental illness report histories of physical or sexual abuse.

• Majority of adults diagnosed with *Borderline Personality Disorder* (81%) or *Dissociative Identity Disorder* (90%) were sexually or physically abused as children.
Prevalence of Trauma

- Up to two-thirds of men and women in Substance Abuse treatment report childhood abuse & neglect.

- Study of *male veterans* in Substance Abuse inpatient unit
  - 77% exposed to severe childhood trauma
  - 58% history of lifetime PTSD
What does this tell us:

• Many people with trauma histories also have problems with mental health, substance abuse, physical health and are victims or perpetrators of crime.

• Trauma exposure increases the risk of anxiety and depressive disorders, addiction, personality disorders, psychosis and serious mental illness that may or may not be in combination with PTSD.
With this in mind...
We need to presume the clients we serve have a history of trauma and carry out ‘Universal precautions’.
The Neuroscience behind it all
Trauma affects..

1) The amygdala
2) The prefrontal cortex (frontal lobe)
3) Hippocampus
4) Memory
5) Autonomic Nervous system
6) Effects on the Body
The Amygdala: Shown to play a key role in the processing of emotions.

Hyperactivity of this area after trauma results in: a dysregulation in bodily and emotional homeostasis.

Hyper or hypo- activated amygdala can lead to fearful versus numbing responses and hyperarousal versus freezing.
The prefrontal cortex: Critical role in the regulation of emotion and behavior by anticipating the consequences of our actions.

Shrinking of medial prefrontal cortex from trauma leads to overreaction to stimulation and issues with self regulation.
Hippocampus: memory storing and organizing

Hypothesized that trauma shrinks the size of the hippocampus in both children and adults. This may be the result of high cortisol levels which are neurotoxic.

Leads to difficulty processing traumatic memories and misattributing ambiguous information as threatening.

Shrinkage leads to inability to remember parts of traumatic experiences, difficult integrating memories and forming new memories.
Trauma Memory

During trauma the brain goes into “survival mode”. The prefrontal cortex is not working properly. Memory becomes difficult to process and integrate because it is disorganized and non-processed. (Peres et al, 2008)
Trauma Memory

In addition to the memory being difficult to process and integrate due to disorganization...

Broca’s area has been impacted by the trauma, making it difficult for the individual to verbalize the experience.
Effects of trauma on the Autonomic Nervous System

• Chronic sympathetic nervous system arousal or: activation of the *flight or fight* response:

  **Symptoms of “fight”:**
  aggressive, combative behavior
  angry behavior
  argumentative behavior

  **Symptoms of “flight”:**
  social withdrawal
  substance abuse
Effects on the ANS result in..

Inability to regulate & balance activity of sympathetic & parasympathetic nervous systems.

- Difficulty relaxing
- Decreased sense of safety
  - Hyperarousal
- Sleeping difficulties
Effects of trauma on the body

Phobia of internal experiences leads to a suppression of bodily sensations.

Manifested by:

- Numbing
- Lack of Self Care
- Lack of physiological awareness  (Levine, 2010)
Complexity of Trauma

- MIND
  - Flashbacks
  - Depression
  - Fears and phobias
  - Nightmares
  - Interpersonal problems

- SOUL
  - Loss of purpose / pleasure
  - Existential crisis
  - Proxy self
  - No self-worth

- BODY
  - Panic attacks
  - Self-harm
  - Sleep/eating problems
  - Gynaecological problems
  - Headaches
  - High blood pressure

- From: www.clinicallyclueless.blogspot.com
From a neuroscience standpoint, treatment can be focused on:

- Van der Kolk, 2006:
  - Establishing a sense of stability and safety
  - Increasing ability to self-regulate
  - Improving ability to learn from the new experience (ability to be present)
  - Developing a sense of self-control & empowerment
    - Langmuir et al, 2012:
  - Creating a sense of community to help each other heal.
The science becomes a whole.
Psychologically, what is Trauma?

• “The experience of violence and victimization including sexual abuse, physical abuse, severe, emotional abuse, neglect, loss, domestic violence, combat terrorism or disasters. (NASMHPD, 2004).

• DSM IV-TR (APA, 2000)
  • Person’s response involves intense fear, horror and helplessness.
  • Extreme stress that overwhelms the person’s capacity to cope.
Numerous forms of Trauma including:

- Automobile accidents
- Serious injuries
- Acts of violence
- Terrorism
- Physical or sexual abuse
- Medical procedures
- The unexpected death of a loved one
- Life-threatening natural disasters
The trauma can be...

- Interpersonal in nature
  - Intentional
  - Prolonged
  - Repeated
  - Severe

- Occur in childhood and adolescence and may extend over an individual’s life span.
Psychologically Trauma Occurs When:
The person experiences a threat to life
bodily integrity,
or
sanity.
Neglect also plays a role in the scenario.
Mosaic of Trauma

The circumstances of the event include:

• - abuse of power
• - betrayal of trust
• - entrapment
• - helplessness
• - pain
• - confusion
• - significant loss
Consequences of Trauma Exposure

• Initially:
  • -- Emotion dysregulation
  • -- Loss of a safe base or direction
  • -- Inability to detect or respond to danger cues

• Which often leads to subsequent exposures
  • -- physical abuse
  • -- sexual abuse
  • -- community violence
Traumatic events of the earliest years of infancy and childhood are not lost but, like a child’s footprints in wet cement, are often preserved life-long. Time does not heal the wounds that occur in those earliest years; time conceals them. They are not lost; they are embodied.” (Felitti 2010)
A study examining the prevalence of violence, crime, and victimization in a nationally representative sample of children and youth aged 2 to 17 found widespread exposure to violence. *More than half the children sampled* had experienced a physical assault during the study year; *more than one in eight* had been subjected to some form of child maltreatment (e.g., child abuse or neglect); *more than one in twelve* had experienced a sexual victimization; and more than one in three had been a witness to violence (Finkelhor et al., 2005).
The National Survey of Adolescents, sponsored by the National Institute of Justice of the US Department of Justice, estimated that among adolescents aged 12 to 17 in the United States, 5 million had endured a serious physical assault, 1.8 million had experienced a sexual assault, and 8.8 million had witnessed interpersonal violence during their lifetimes (Kilpatrick et al., 2003; Kilpatrick & Saunders, 1993).
Children who suffer from childhood traumatic stress have developed reactions to trauma that linger and affect their daily lives long after the traumatic event has ended.
These children may experience:

- Intense and ongoing emotional upset
- Depression
- Anxiety
- Behavioral changes
- Difficulties at school
- Problems maintaining relationships
- Difficulty eating and sleeping
- Aches and pains
- Withdrawal
- Substance abuse, dangerous behaviors, or unhealthy sexual activity among older children
Other Outcomes of trauma exposure:

- *Clinical symptoms beyond PTSD*
  - Self-regulatory, attachment, anxiety, and affective disorders
  - Addictions, *aggression*, social helplessness and eating disorders
  - Dissociative, somataform, cardiovascular, metabolic, and immunological disorders
  - Sexual disorders in adolescence and adulthood
  - *Revictimization*
Core issues: Avoidance of Shame and Humiliation

- Gilligam, in his prison research identified shame/humiliation as core element in violence.

- Garbarino addresses the impact of trauma on boys & predilection to antisocial behavior by “regaining control” through aggression.

  (Gilligan & Less, 2004, Garbarino, Lost Boys: Why our sons Turn Violent and How We Can Save Them, 1999)
What is Trauma-Informed?

Addresses, *does not ignore* the negative impact of trauma on the lives of consumers in our mental health system.

To be informed of the history of past and current abuse in the lives of people we serve in mental health settings.
Understanding that...

The effects of trauma are: neurobiological psychological social spiritual in nature.

*Holistic understanding.*
GOAL:
Use this information to change culture, guide clinical services, and clarify our overarching philosophy of care.

To treat all patients that we encounter with a sensitivity to trauma.
What we need to know

Restraint and seclusions are traumatizing to the individual and should be avoided at all times.

Restraint and Seclusions: Recapitulate experiences of abuse, isolation, and abandonment.
The very experiences that we are trying to heal are injured further by these approaches.
Within the system of trauma informed care-- Restraint and seclusion are understood as “treatment failures”.
What we need to eliminate

Pejorative attitudes

Setting limits and enforcing rules that don’t make sense

Belittling

Maintaining our sense of power at the expense of others
Instead, Trauma informed care...

Understand symptoms and behavior less as “proof of pathology” and more as adaptations.
As a team we must...

Believe in the person’s capacity to improve.
Teach and offer new coping skills.
Pay *meticulous attention* to triggers.
Develop self-soothing strategies.
TEAMWORK
Together Each Achieves More
How do we do this?

Does not require advanced training.

Does require changing traditional ‘standard’ de-escalation training.

Does require giving up “tradition of toughness”.
Trauma informed care competencies: Empathy and Compassion
Trauma Informed Tools
Personal Safety Tools

• Promotes stabilization and use before a crisis occurs.

• To help patients during the earliest stages of escalation before a crisis erupts.
Trauma Informed Tools: Prevents escalation of patient during crisis.

Involves:

1. Triggers
2. Early Warning Signs
3. Strategies
First, Identify *Triggers*

Internal or external stimuli that sets off

*fear*

*panic*

*upset*

*agitation*
Triggers

Not being listened to
Lack of privacy
Feeling lonely
Darkness
Being teased or picked on
Feeling pressured
People Yelling
Arguments
Being Isolated
Being Lonely
Second, Identify: *Early Warning Signs*

A signal of distress that is a physical precursor to upset. Some signals are not observable, but some are, such as:
Warning Signs:

- Restlessness
- Agitation
- Pacing
- Shortness of Breath
- Crying
- Giggling
- Eating More
- Swearing
- Tightness in the chest
- Sweating
- Clenching teeth
- Wringing hands
- Clenching Fists
- Rocking
- Bouncing legs
- Shaking
Third, Identify *Calming Strategies*:

Can We Brainstorm any?...
Sensory-based Approach

Grounding Physical Exercises

- Holding Weighted Blankets
- Arm & Hand massages
- Push-ups
- Wrist/ankle weights
- Aerobic Exercises
- Sour/Fireball candies
Sensory-Based Approaches: Calming Self-Soothing Activities

- Hot shower/bath
- Decaf Tea
- Rocking in a rocking chair
- Yoga
- Drumming
Different strategies for different individualized cases.
Self- Injurious Alternatives For Anger/ Frustration

Cut heavy cardboard
Break sticks
Rip up newspaper
Smash play-doh models
Crank up music and dance
Self – Injurious Alternatives for “Craving Sensations”.

- Rub Ice on body
- Suck frozen oranges
- Bite/suck ginger, hot pepper, fireball
- Take a cold shower
Alternatives to fulfill the Symbolic need to self-harm

Draw on body with a red felt tip pen

Draw picture of self with red streaks on body

Use henna tattoo kit. Leave on and pick off the next day.
Things fall apart.

Our job is to put them back together.
Documentation: Not Trauma Informed
Non- Trauma Informed

Very needy

Tried, as usual, to manipulate

Staff did not feed into her behavior

Ended up requiring the quiet room

Continues to engage in Borderline behavior

Requires firm limits
Documentation: Trauma Informed.
Documentation: Trauma
Informed

- **PLAN:** Continue to provide support when her S.W. calls back and continue to encourage use of skills.

- **WARNING SIGNS:** Repeatedly going to nurses station

- **RISK BEHAVIORS:** Cutting

- **STRATEGIES:** Music, rocking chair, cold shower, supportive staff contact X 15 minutes 2X per shift.
Words to be avoided:

Attention Seeking
Needy
No precipitants
Unprovoked
Nothing helps
Difficult patient
Treatment resistant
Bad borderline
Trauma Informed Vs. Not
So.. What does NOT work?

Authoritarian Relationships
Lack of power & control
Client blaming attitudes
Power Struggles
Lack of Respect
Lack of Choice
Lack of Skills focus
"Gracious words are a honeycomb, sweet to the soul and healing to the bones." - Proverbs 16:23-25

"Our sorrows and wounds are healed only when we touch them with compassion." – Buddha

“Love and compassion are necessities, not luxuries. Without them, humanity cannot survive.” – Dalai Lama XIV

“Unless someone like you cares a whole awful lot, nothing is going to get better. It's not.” - Dr. Seuss, The Lorax
References


Finkelhor, et. al. (2003).

NASMHPD.ORG (2006).

