



Trauma Informed Person Centered Care

Understanding the Trauma Paradigm

Objectives

At the end of this session participants will:

- Understand the prevalence of trauma and recognize the role it plays in the lives of individuals labeled with a mental illness
- Understand the trauma paradigm and how it provides a radically different framework for understanding the symptoms and behaviors of those we support



In A Nutshell

“The truth about childhood is stored up in our bodies and lives in the depths of our souls. Our intellect can be deceived, our feelings can be numbed and manipulated, our perceptions shamed and confused, our bodies tricked with medication, but our soul never forgets. And because we are one, one whole soul in body, someday our body will present its bill.”

-Alice Miller



Defining Trauma

Trauma experiences have four common traits:

- The event was unexpected
- The event was psychologically overwhelming
- The person was unprepared or unable to cope with it
- There was nothing the person felt they could do to prevent or mitigate it



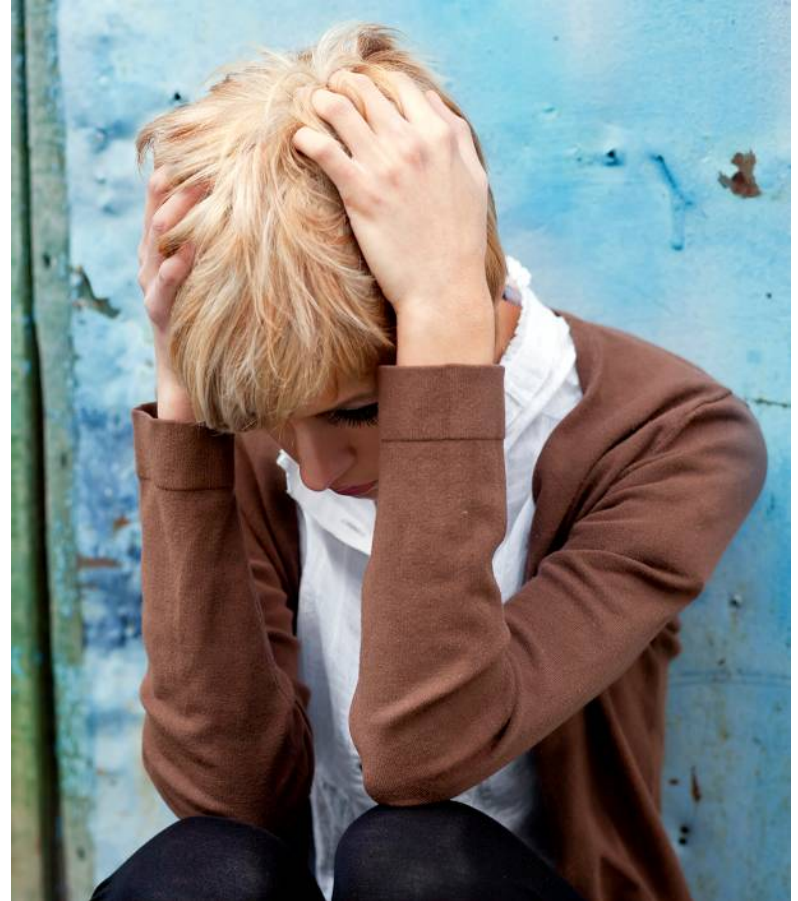
The event *combined* with the subjective experience of that individual is what defines it as trauma, not solely the event

Long-lasting Effects of Trauma

- Experiences of abuse betray the core assumptions one has about themselves, their family, and their world
- The core assumption about the family being a safe place that's going to protect them is shattered
- Many abuse survivors try to tell someone. Oftentimes, people are not believed or are told it is their fault

Ultimate conclusion:

The world is not a safe place



Trauma Informed Systems

A “trauma-informed” system is one in which all components of a given service system have been reconsidered and evaluated in the light of a basic understanding of the role that violence plays in the lives of people seeking mental health and addiction services. (*Harris & Fallot, 2001*)



Adverse Childhood Experiences Study

- The largest investigation ever conducted on the links between childhood maltreatment and later-life health and well-being
- Over 17,000 study participants
- ACE study compared the current adult health status of the participants with eight categories of adverse childhood experiences



Adverse Childhood Experiences (ACE) Study

The eight ACE categories:

- Recurrent physical abuse
- Recurrent and severe emotional abuse
- Sexual abuse
- Growing up in a household where:
 - Someone was in prison
 - The mother was treated violently
 - There was an alcoholic or drug user
 - Someone had chronic depression, a mental illness or was suicidal
 - At least one biological parent was lost-regardless of cause



What was your ACES Score as a Child or Youth

- Go to http://acestudy.org/ace_score to calculate your score
- Go to <http://acestudy.org/home> to find out more about the study



Adverse Childhood Experiences Study

What we know about individuals with ACE's:

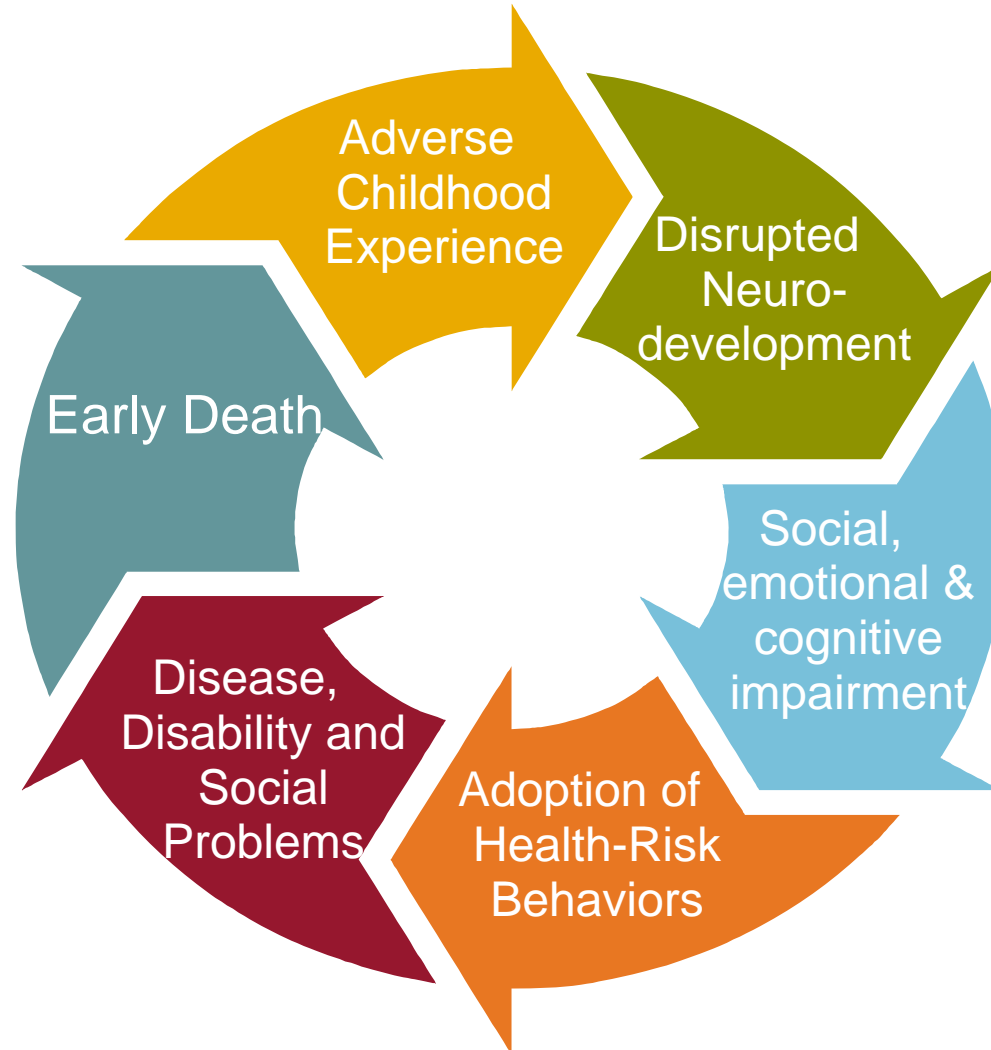
- A 500% increase in adult alcoholism which is directly related to adverse childhood experiences
- A male child with an ACE score of 6 has a 4,600% increase in the likelihood that he will become an IV drug user later in life
- 78% of drug injection by women can be attributed to ACE's
- Adults with an ACE score of 4 or more are 460% more likely to be suffering from chronic depression
- The likelihood of adult suicide attempts increases 3,000% with an ACE score of 7 or more
- Childhood and adolescent suicide attempts increased 5,100% with an ACE score of 7 or more



*Adverse Childhood Experiences (ACE) Study <http://www.acestudy.org/>

ACE Study Findings

Trauma is both at the ROOT OF and CENTRAL TO:



*http://www.liftchildren.org/show_page.asp?page_id=1

Adverse Childhood Experiences (ACE) Study

Adverse Childhood Experiences

Abuse of Child

- Recurrent Severe Emotional abuse
- Recurrent Physical abuse
- Contact Sexual abuse

Trauma in Child's Household Environment

- Substance abuse
- Parental separation or divorce
- Chronically depressed, emotionally disturbed or suicidal household member
- Mother treated violently
- Imprisoned household member
- Loss of parent – (best by death, unless suicide, - worst by abandonment)

Neglect of Child

- Abandonment
- Child's basic physical and/or emotional needs unmet

* Above types of ACE's are the "heavy end" of abuse.

Impact of Trauma and Health Risk Behaviors to Ease the Pain

Neurobiologic Effects of Trauma

- Disrupted neuro-development
- Difficulty controlling anger-rage
- Hallucinations
- Depression
- Panic Reactions
- Anxiety
- Multiple (6+) somatic problems
- Sleep problems
- Impaired Memory
- Flashbacks
- Dissociation

Health Risk Behaviors

- Smoking
- Severe obesity
- Physical inactivity
- Suicide attempts
- Alcoholism
- Drug abuse
- 50+ sex partners
- Repetition of original trauma
- Self Injury
- Eating disorders
- Perpetrate interpersonal violence

Long-Term Consequences of Unaddressed Trauma

Disease and Disability

- Ischemic heart disease
- Cancer
- Chronic lung disease
- Chronic emphysema
- Asthma
- Liver disease
- Skeletal fractures
- Poor self rated health
- Sexually transmitted disease
- HIV/AIDS

Social Problems

- Homelessness
- Prostitution
- Delinquency, violence, criminal behavior
- Inability to sustain employment
- Re-victimization: rape, DV
- Compromised ability to parent
- Intergenerational transmission of abuse
- Long-term use of health, behavioral health, correctional, and social services

*Adverse Childhood Experiences (ACE) Study <http://www.acestudy.org/>

Separating Fact From Fiction

True/False:

Individuals who have suffered trauma generally experience more family problems, lower rates of employment, more severe psychological symptoms, higher hospitalization rates, shorter periods of abstinence, and a higher level of drug craving.

TRUE – ACE Researchers discovered that the greater the number of adverse experiences, the greater the risk for negative outcomes¹.

Psychological and physical abuse have similar mental effects.

TRUE – “Although emotional abuse can hurt as much as physical abuse, it can be harder to identify because the marks are left on the inside instead of the outside”².

Trauma victims are oftentimes hyper vigilant.

TRUE – “[PTSD] sets in when responses to a traumatic event. result in diminished functioning in some area of life and last more than a month”³.

*1 – National Council for Community Behavioral Healthcare, 2- <http://member.preventchildabuse.org>, 3 - <http://www.ncvc.org/ncvc/Main.aspx>

Separating Fact From Fiction

True/False:

Becoming abstinent from substances resolves PTSD

FALSE – “Becoming abstinent from substances does not resolve PTSD. Indeed, some PTSD symptoms may become worse with abstinence”¹.

The underlying root of self-injury is almost always a history of some form of childhood trauma.

TRUE – Traumatic childhood experiences are most likely to lead to the use of SIV for coping. People who have experienced more than one type of ACE are at increased risk for physical and emotional problems throughout their lives².

A visit to the doctor can result in a flashback of past abuse

TRUE – For a trauma survivor, especially one who has experienced sexual abuse, a visit to the doctor almost guarantees a flashback or a memory of past abuse³.

*1 – www.counselormagazine.com/feature-articles-mainmenu-63/59, 2 – www.healingselfinjury.org, 3 - http://pathprogramarchive.samhsa.gov/pdf/Transcript_Trauma_1_03b.pdf

Separating Fact From Fiction

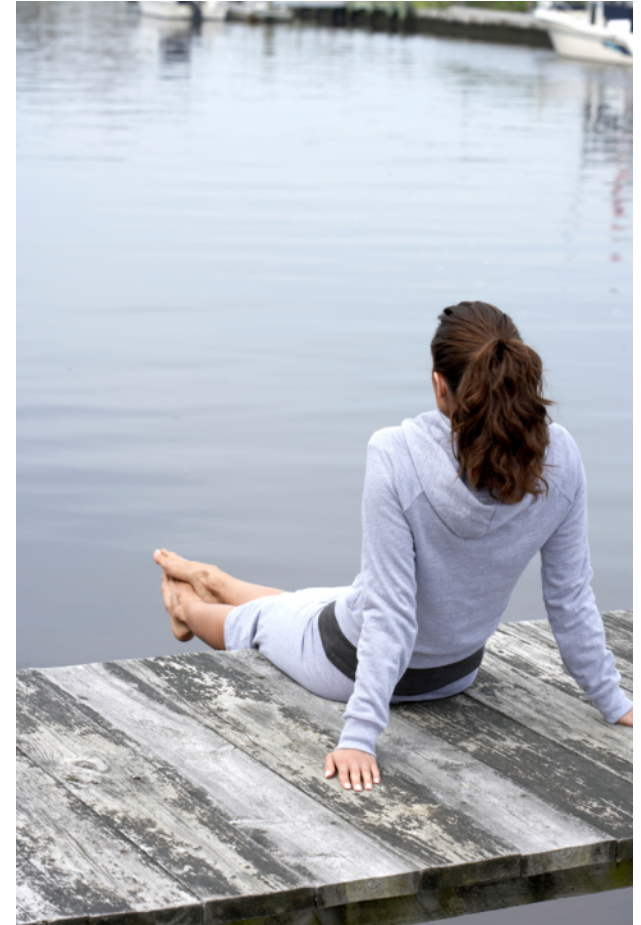
True/False:

Individuals who receive treatment for PTSD must dig up their trauma memories in order to move on

FALSE – “Digging for memories,” or trying to force memories to emerge is almost never a helpful approach, and can cause a great deal of harm”¹

Dissociation is an important coping mechanism that most abuse survivors have

TRUE – We know that victims of childhood sexual abuse use coping mechanisms such as dissociation when they cannot physically escape².



^{*1} - <http://www.jimhopper.com/memory>, ² - http://www.power2u.org/articles/trauma/ment_cope.html

Shifting the Paradigm

Trauma Informed

- Recognition of high prevalence of trauma
- Recognition of primary and co-occurring trauma diagnoses
- Assess for traumatic histories & symptoms
- Recognition of practices that are re-traumatizing
- Power/control minimized – constant attention to culture
- Transparent system

Non-Trauma Informed

- Lack of education on trauma prevalence
- Over diagnosis of SMI's such as schizophrenia and bipolar disorder
- cursory or no trauma assessment
- "Tradition of toughness" valued as best care
- Staff demeanor, tone of voice, security uniforms, keys
- Closed system – advocates discouraged

Trauma Informed Care and Transformation

- Developing and implementing trauma informed systems of care is one of the first steps toward becoming Recovery Oriented
- Systems of care based on control, coercion, disrespect, insidious discrimination, are violent, or use practices that shame or traumatize, greatly delay, or halt the recovery process

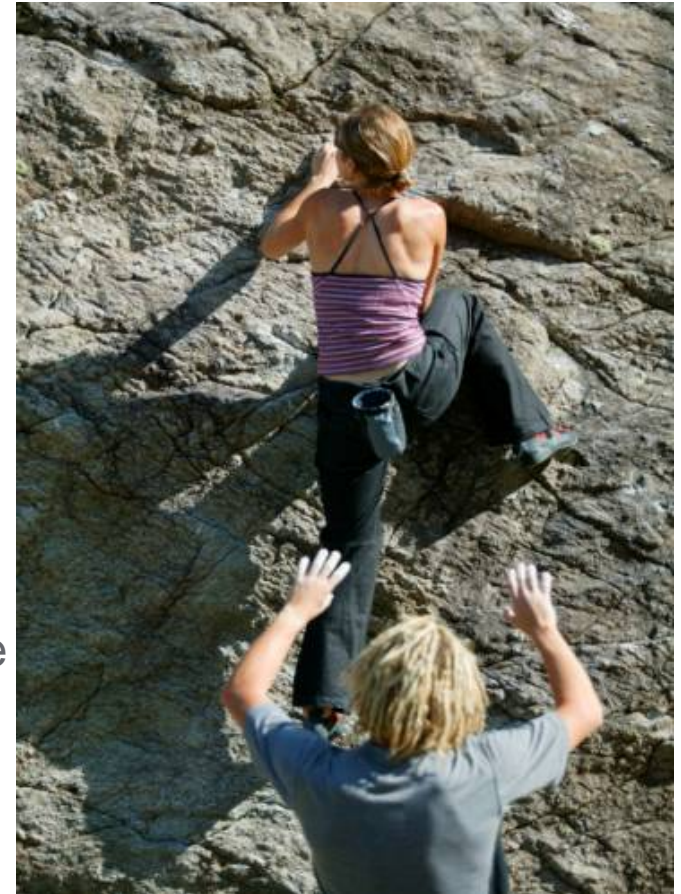
We need to presume the clients we serve have a history of traumatic stress and exercise “universal precautions” by creating systems of care that are *trauma-informed*.
(Hodas, 2005)



Coping Strategies

Healthy ways to cope with trauma and its lasting effects:

- Distance yourself from the situation
- Distance yourself from yourself
- Use relaxation techniques
- Become aware of the needs and emotions of others
- Learn or develop special skills
- Debate things within yourself
- Create appropriate boundaries with other people
- Show a sense of humor-try to find something to laugh at
- Do something creative
- Educate yourself
- Find a physical release (walk, swim, etc.)
- Do artwork



*<http://www.traumaawareness.org/coping-strategies-ii/>



Thank you

Recovery and Resiliency
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